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A Multi-Disciplinary Approach to a School-Centered Rehabilitation Program for Pregnant School-Age Girls in Washington, D.C.

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In 1963, the Washington, D.C. Public School Department began a special demonstration project on the secondary school level, the Webster Girls School Program, to reduce the number of dropouts due to pregnancy and recidivism. An interagency, multidisciplinary plan was devised to provide comprehensive services to the girls. Social case work, academic and vocational education, psychological services, medical supervision, and nutritional advice were included in the program to improve the welfare of the school-age pregnant girl and restore her to the community. Of the girls enrolled the first 3 years, 757 moved forward academically. In a 1965 study, those enrolled the first year (103) were compared to a control group (123) referred but not enrolled then. Results indicated the Webster girls dropped out of school less ($p<.001$) and were less likely to have another child ($p<.001$). Data on other factors are given and eight appendixes include sample forms, student evaluations, and give data on project establishment. An evaluation of the program by Ann Richardson, Bureau of Social Science Research, Inc., is also available as ED 018 052. (LE)

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A MULTI-DISCIPLINARY APPROACH TO A SCHOOL-CENTERED REHABILITATION PROGRAM FOR PREGNANT SCHOOL-AGE GIRLS

in WASHINGTON, D.C.

A SUMMARY REPORT

by Elizabeth M. Goodman
and Fobola M. L. Gill

Child Welfare Demonstration Grant no.D-130
Children's Bureau
U.S. Department of Health, Education, and Welfare

Public Schools of the District of Columbia
in cooperation with
Department of Public Health of the District of Columbia
and
Department of Public Welfare of the District of Columbia
Washington, D.C.

EC 002 469

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Washington, D. C.

This is a report of a Child Welfare Demonstration Grant which describes the purposes, operation and evaluation of a school for pregnant girls in Washington, D. C. This demonstration was made possible by a three year grant from the U. S. Children's Bureau to the Public Schools of the District of Columbia for a period from June 1, 1963 to May 31, 1966. The District of Columbia Departments of Public Health and Public Welfare cooperated with the Public Schools in conducting the program.

After a year's planning and consultations the project design was drafted through the tireless efforts of the Pregnant Girls' Committee which consisted of:

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Edith M. Baker, Chief of Social Service, Bureau of Maternal and Child Health, District of Columbia Department of Public Health

Stanley Bigman, Chief of Social Studies, Division of Occupational Health, Public Health Service

John M. Fletcher, Administrative Assistant to the Deputy Superintendent, District of Columbia Public Schools

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Stanley Jackson, Principal, Grant School, District of Columbia Public Schools

Rosa H. Jones, Director of Special Education, District of Columbia Public Schools

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*Grace L. Stone, M. D., Chief of School Health Program, District of Columbia Department of Public Health

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THE DISTRICT OF COLUMBIA PUBLIC SCHOOLS

in cooperation with

THE DISTRICT OF COLUMBIA DEPARTMENT OF PUBLIC HEALTH

and

THE DISTRICT OF COLUMBIA DEPARTMENT OF PUBLIC WELFARE

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Mrs. Naomi Hardiman
Miss Jean Hoodwin
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Principal, Sharpe Health School

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PROJECT SUPERVISOR: Fobola M. L. Gill

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INTRODUCTION

A committee consisting of representatives from the District of Columbia Departments of Public Health and Public Welfare, and from the Public Schools under the leadership of the Principal of the Sharpe Health School conceived and developed the idea of a comprehensive service program for teen age expectant mothers. Its members designed this plan to be a school centered rehabilitation program for pregnant school girls under the administration of the Board of Education. They were perturbed at the increasing number of girls who could not continue their education because of pregnancy. Each year in Washington, D. C., the number of pregnant school-age girls had risen to alarming proportions. (See Appendix C, Table 1). Of special concern was the lack of prenatal care among girl dropouts to which could be attributed a high rate of premature births and congenitally malformed babies. Further, there was the lack of early identification of pregnant girls and inadequate planning for the care and welfare of the babies.

The complex issues of teen-age pregnancy, unwed motherhood, adolescent fathers, venereal disease and sex education were topics of frequent discussions among civic minded professional groups and the community concerned with such problems. The tragic story of the unwed mother has been one of social ostracism in Western civilization. For the teen-age girl in modern society this amounts to a life sentence of economic and social degradation. In the modern urban centers and under varied social pressures of 20th century living the steady climb in the number of child pregnancies has become a distressing blight on society. The plight of inopportune, unwanted babies is revealed in the increase in the cost of public and private welfare agencies, the overcrowding of child care institutions, and the rising rate of crime and teen-age violence.

In 1963, the Washington, D. C. Public School Department in cooperation with the District of Columbia Departments of Public Health and Public Welfare began a special project on the secondary school level to reduce the number of dropouts due to pregnancy. With funds provided by a grant from the United States Children's Bureau of the Department of Health, Education and Welfare a unique inter-agency, multi-disciplinary plan was devised to provide comprehensive services to the girls. This plan welded the various disciplines into a harmonious related activity. Social case work, academic and vocational education, psychological services, medical supervision and nutritional advice all contributed to the total program so as to improve the welfare of the school-age pregnant girl and restore her to her community.

The school-centered program sparked community interest in providing an environment with adequate motivation for learning and rehabilitation. The cooperating agencies and professional services pooled their efforts and resources to make this dropout prevention project a success. This success, in turn, resulted in improved community attitudes toward the solution of the problem.

HISTORY

By 1961, distress over the increasing number of pregnancies among school-age girls and its related problem - dropouts - caused Dr. Carl F. Hansen, Superintendent of the District of Columbia Public Schools, to authorize school officials to invite representatives from school, health, and welfare agencies to study the problem and to form a committee. He appointed as chairman, Elizabeth M. Goodman, Principal of the Sharpe Health School, and requested that the community carefully study the problem and submit recommendations for continuing the education of pregnant school girls. The Pregnant Girls Committee members included school administrators, attendance officers, doctors, nurses and social workers. It also included representatives of specialized agencies as the Social Hygiene Society, the D. Congress of Parents and Teachers, churches, maternity homes and maternity clinics.

The work of the Committee stimulated considerable thought and tended to make evident the need for a coordinated approach in a positive effort to cope with all aspects of a problem of such magnitude. The Committee subsequently organized a small working subcommittee composed of personnel from the Public Schools and from the District of Columbia Departments of Public Health and Public Welfare. This subcommittee after much deliberation drafted a proposal for a school-centered, multi-disciplinary, interagency rehabilitation program which would provide pregnant girls with educational and supportive services. (See Appendix A, Item 1)

The directors of the Department of Public Health and the Department of Public Welfare, respectively, joined with the School Superintendent in approving a three year demonstration and authorized the submission of an application for a federal grant. In December of 1962, the District of Columbia Board of Education voted its approval for the grant application which was submitted to the Children's Bureau of the U. S. Department of Health, Education and Welfare. (See Appendix A, Item 2a)

In May of 1963, the Chief of the Children's Bureau notified the superintendent that the grant had been approved for a three year demonstration. Funding would be available immediately for six months with applications for additional funding for the duration of the project to be submitted annually. The budget allocation for the first year amounted to $60,000. Subsequently, $90,200 was granted for the second year and $95,400 for the third. In addition, a supplemental grant of $28,500 was awarded during the third year for a special survey of the first year's program. The increased funding from year to year was due to salary increases and additional personnel. (See Appendix A, Items 2b through 7b for applications and budget requests).

As would be expected, there was some controversy over the location of the school with some persons advocating its placement outside of the school system. Apprehension centered around the possible adverse effects on both boys and girls of having pregnant girls attend classes in a regular school.

These fears subsided when a suitable and inconspicuous space for the Girls School was obtained in the central downtown area of Washington in a former school building which was at that time providing office space for some of the school system's administrative divisions.

With a physical structure for the program now assured, a staff was selected to operate under the administration of the Principal of Sharpe Health School with the assistance of a project supervisor. The three D. C. Government departments further cooperated by providing additional staff plus supervisory and consultative help to the project.

The desire to preserve the anonymity for the school and the pupils resulted in a consideration of various names. Finally, the administration settled on the name of the building and added the term, "Girls." Today it is known as the Webster Girls School.

Priorities, in the event that applications exceeded capacity, were set up as follows:

1. Those under 16 in the early months of pregnancy
2. All others under 16
3. Those 16 and over in early stage of pregnancy
4. Students needing junior or senior high school course completions for credit toward graduation

In the fall of 1963, the Webster Girls School opened its doors and during that school year enrolled 142 students. The oderly growth and development proceeded with the team approach as its keystone. The school, health, and welfare personnel joined together as planned to carry out the proposal for a multi-disciplinary, inter-agency approach to the problems of pregnant school-age girls through a school-centered rehabilitation program. The planning subcommittee remained intact and reorganized itself into an advisory committee which re-directed itself toward setting policy and helping the school staff to operate in accordance with the purposes.

As the school progressed and efforts were being made to evaluate its effectiveness, the need became obvious for an objective, systematic and technical appraisal. Plans were made for a thorough analysis of the operation of the school during the first year. The Bureau of Social Science Research, Inc. was subsequently awarded the contract to conduct the research and evaluation. The completed study presented a favorable picture of the program in that it was accomplishing the purposes for which it was designed.

With every indicator pointing to the acceptance of the pregnant girls' school, the city budget officials were face with considering ways of financing it within the framework of the regular school system. The School Superintendent recommended and the Board of Education voted a budget item which would permit the continuation and expansion of the school. During the lengthy period of preparing the budget for legislative consideration, the United

States Congress passed and the President signed the historic Elementary-Secondary Education Act, P. L. 89-10. This act provided funds which could be allocated through the U. S. Office of Education directly to the public schools for special programs. The city budget officials in cooperation with school authorities mutually agreed to use this source of school funding for the purpose of continuing and expanding the Girls School.

As the 1965-66 school year came to a close, the Child Welfare Research Demonstration Project of the U. S. Children's Bureau terminated but the school continued. In the fall of 1966, the school opened with an enlarged staff and expanded building accomodations. An enrollment during the year of up to 400 students is anticipated.

PURPOSES

One purpose of the demonstration project was to provide for the continued secondary school education of girls who would otherwise have dropped out of school because of pregnancy. The program was further dedicated to the rehabilitation of such girls through a multi-disciplinary team consideration of their problems. Further, the purpose was to mobilize constructive social responsibility for these girls and to provide for their educational and welfare needs.

The aims of the project as set forth in the project design are stated as follows:

1. This project will demonstrate a multi-disciplinary team approach to meeting the needs of pregnant school age girls.
2. It will attempt to demonstrate the feasibility of continuing the educational program for pregnant girls who otherwise would be compelled to drop out of school during pregnancy and of providing for their medical, social, and emotional needs.
3. It will attempt further to determine whether pregnant girls who normally would be excused from school attendance during this period will participate and successfully function in an organized group in which they might become publicly identified.
4. This demonstration project will give evidence as to whether the community will accept group instruction of pregnant girls by the public schools.
5. If sufficiently convincing, it will provide a basis for a budget item in the D. C. Appropriations Bill for this type of program.

As these goals are being met, a pattern of social action is being developed for the welfare of the girls. They are being motivated to attain more wholesome personal, family, and community relations. They are being provided a second chance to become responsible citizens and to adopt and maintain acceptable social standards.

DEVELOPMENT AND OPERATION OF THE DEMONSTRATION PROJECT

The Webster Girls School began operation in the fall of 1963 in the renovated second floor of the Webster School Building. Enthusiasm and a pioneer spirit characterized the newly organized staff charged with the operation of the Project. The school was administered through the Assistant Superintendent of Junior and Senior High Schools with the Principal of Sharpe Health School directing the program. The staff consisted of a supervisor, four teachers, three social workers, and a clinical psychologist ---all oriented to the multi-disciplinary approach. A part-time research consultant assisted in the evaluation of the techniques and accomplishments.

Many administrative officers in the school system related well to this special school. Lines of communication were established so that consideration for the total needs of the girls was incorporated into the school administrative procedures. The Webster School Project personnel attended the Departmental meetings in their respective subjects and received supervision and consultation from the Department Heads. The inter-agency relationships with the Departments of Public Health, and Public Welfare continued to function smoothly. The Department of Public Health provided a number of services. All project students who received prenatal care from a Public Health Clinic were assigned to the one nearest the school; namely, Gales Maternity Clinic. There a Project social worker was assigned to interview and evaluate potential candidates for Webster and to provide continuing casework services for those admitted. Likewise, a maternity center obstetrician, a public health nurse, and a Health Department nutritionist rendered their services to the Webster Girls School Project. The Department of Public Welfare assigned a social work supervisor one-half day a week to the Girls School to serve as consultant to the two caseworkers at the school and also to participate in team conferences. Thus, staff members from the several Departments, each of whom had a direct interest and role in carrying the girls through their prenatal and postnatal periods of pregnancy met, worked together, and rendered joint decisions in helping the girls and their families. Coordination of services to the students was a fundamental asset of the program which added to the successes of the venture.

The program of the school began with some ups and downs, but with a minimum of difficulties and no disasters. The most serious problem with which the Webster School administration had to contend was the resistance by other school officials to the placement of "these girls" in the regular schools after delivery. However, the transfer of the students from Webster back into regular school became a routine matter after directives were issued from the School Administration.

During the three years' operation of the Webster Girls School Project, a total of 2,159 pregnant school-age girls were referred. (See Appendix C, Table 2) Students referred to the Project had attended schools throughout the entire District of Columbia School System. For example, in one year, girls were referred from 10 public senior high schools, 12 public junior high schools, 3 vocational schools, 1 parochial school and one out-of-town junior high school. Referrals were made from many sources, but primarily through the Gales Maternity Clinic, by the girls themselves, and by their guardians. (See Appendix C, Table 3) The referrals indicate that the majority of teen-age pregnancies are among the 8th, 9th, and 10th grade students (See Appendix C, Table 4) between 14 and 17 years of age. (See Appendix C, Table 5)

Referral data reveal some interesting and noteworthy facts. (1) The proportion of referrals from the several sources is practically the same for the three years of the Project. (2) In the second year of operation, opportunities for enrollment were made available earlier than in the 1963-64 year, since the Project was operative during the summer months. This might indicate a need for a 12 month school which could offer a continuum of supportive help uninterrupted by the summer vacation period. (3) Referrals came in regularly each month, with a heavy referral rate at the time of school opening and at mid-year. The First year peaks occurred during September, October, and February; the second year peaks came in September, January, and March, and in the final demonstration year, the peaks occurred in September, January, and February. It is possible that publicity given the Project at certain times may account for some of these peaks. Further, it may be that a seasonal factor was also present as indicated by the months in which the greatest number of pregnancies for the three years seem to have been concentrated. (See Appendix C, Table 6)

Approximately one-fourth of the number of girls referred to the Project during the three years, or 530, were enrolled. Three hundred sixty-six of these students were re-entered into regular public schools in the District of Columbia. An additional 33 were graduated from the 12th grade while at Webster. Thus approximately 75 percent moved forward academically as a result of their inclusion in the Webster Project.

Ninety girls were dropped from the rolls for illness and other personal reasons. These formed the initial group of dropouts by their failure to remain with the Project and graduate or to reenter a District of Columbia regular school. (See Appendix C, Table 2) Causes of initial dropouts seemed to fall into three categories, namely: continuing illness, disinterest, and familial distress. Some of these students subsequently returned to regular school when circumstances permitted. Among Webster girls who transferred to regular school, the subsequent dropout rate of Project enrollees as reported by the Bureau of Social Science Research, Inc., [1] is smaller than for those who had not come under the Webster Girls School influence.

The school has become a referral center for pregnant school-age girls and the best estimate reveals that better than 90 percent of the known pregnant girls under 17 years of age in the District of Columbia have been referred to Webster. (Appendix C, Table 7) This has resulted in the possibility of helping numbers of the non-Webster girls use other resources.

[1] An Evaluation of a Public School Program for Pregnant Girls, BSSR, Wash., D.C. 1966

About 3 out of 4 girls referred could not be admitted to the demonstration program, however, there were some benefits that were made possible for them as a result of the Project. For example, their referral to Webster which was usually early in pregnancy, meant that Public Health nurses responsible for the Maternal and Child Health program of the District of Columbia could visit them and provide follow-up services which would involve them in much needed prenatal care. The establishment of Webster Girls School set a climate in the community for other groups to include services to pregnant girls in their programs. Other public school facilities which provided continuity of education for some included: Visiting Instruction Corps - under this program teachers were sent to local maternity homes and to the homes of elementary school girls and a few secondary students with other special health problems; Evening Schools more readily accepted girls 16 and over even though pregnant; the recently formed STAY School, a special late afternoon school program for dropouts has admitted pregnant girls. Community action groups usually staffed with volunteers provided tutoring services at such places as churches, settlement houses and community centers. Thus, the Webster Girls School served as a means of assisting pregnant girls to receive needed services even though they were not able to be enrolled in the school.

THE WORK OF THE MULTI-DISCIPLINARY TEAM AS A TEAM

The multi-disciplinary team, a unique device for recognizing and dealing with numerous problems connected with teen-age pregnancy, is an important concept in the approach to these problems. While each staff member had her personal function in relation to the girls, she carried out her specific role at all times as a member of the team. Lines of communication between staff members, to clinics, to welfare agencies, and to the Juvenile Court were carefully established so that efforts in behalf of Webster Girls reprented the joint thinking of all who shared in the responsibility for their care.

The inter-relation between staff members of various disciplines took place:

a. At intake where special cases and problems were flagged,

b. during daily contacts made possible by proximity, and

c. in regular weekly staff conferences where special cases were considered for appropriate action.

More specifically, the work of the team took the following forms:

a. Initial interviews and pre-tests

b. Informal discussions

c. Facility of communication

d. Weekly team conferences

e. Suggested solutions to problems of a given youngster which may point in several directions.

The phrase "team as a team" had a great significance in the Webster Girls School Program. It meant that maximum efforts were co-ordinated to channel pregnant teenage girls into a favorable social-community environment. Any action put into effect in behalf of each girl was the result of combined thinking of the team members.

The most common first step to becoming a student at the Project school was the interview of the girl and parents or guardians by the Project Supervisor who acquainted the applicant with the purposes, operation, and services of the school. At this time, the supervisor tried to assess the gir's motivation toward continuing school as well as the parent's attitude and likelihood of cooperation with the school in its attempts at rehabilitation. If, as a result of this meeting, the girl and her parents decided that she wanted to participate in the Project, next in order was an interview with a Project social worker unless previously seen by the social worker at Gales Clinic. The worker now began her social study of the girl's personal and family history in order to better understand the girl and her problems.

As soon as a transfer from regular school was arranged, the new student was given a series of tests by the clinical psychologist in a further attempt to identify problems which might need special consideration. Assignment to classes and the subsequent student contacts with and observations by teachers, nurse, doctor, and nutritionist afforded further assessment of the students abilities, problems, and potential.

Informal discussions became a natural outgrowth of the proximity of staff members with the students and with each other. On-the-spot communication was possible. Cooperation in planning was facilitated by ready availability of necessary personnel. This type of unstructured interchange of ideas resulted in promoting follow-up by the team members concerned, resolving of problems as they occurred, and consistency of team action.

Cases identified as having special problems were discussed at the weekly team conferences at which each member presented pertinent information concerning a student. The social case worker described the family background and gave reports of interviews with the girl. The psychologist presented the school history, attitudes, and relationships. The teacher discussed the girls academic performances. The nurse and the doctor contributed information about her health. Through the free exchange of ideas, the staff members reached an agreement on the next steps for working with the girl, her family and their problems. It was quite significant that among these special cases selected for intensive study the dropout and repeat rate was lower than that of the girls not enrolled in Webster. This suggests that students who had the benefit of intensive study reacted favorably.

Monthly discussion meetings were held with the parents and involved all staff members. Discussions included such subjects as Child Care, Sex Education, Nutrition, Family Relationships, and Educational and Vocational Goals. The discussions were challenging and well attended. Parents expressed feelings that they had a better understanding of their adolescent daughters and would work towards improved inter-personal relationships.

From three years of the multi-disciplinary team operation it is clear that a cooperative enterprise such as this can better accomplish the purposes of this demonstration than could efforts of several individuals or agencies working independently. It was the inter-agency coordination of the independent disciplines and support of each for the others that made this project especially significant. Staff members from the District of Columbia School System, the Health Department and the Welfare Department, each of whom had a direct role in carrying the girls through their "pre" and "post" natal periods of pregnancy met and worked together. They rendered joint decisions to assist the girls and their families. Thus the program continually provided for many sharing experiences.

It is obvious that such a highly integrated and coordinated program has the maximum possibility for attaining its goal -- to rehabilitate pregnant school-age girls to acceptable social standards through a school-oriented, multi-disciplinary team approach.

THE EDUCATIONAL PROGRAM

One of the chief aims of the Webster demonstration project, that of continuing the schooling of girls who otherwise would have to become dropouts because of pregnancy, has been realized by the Girls School. Of the 530 students enrolled, 75% continued their education without interruption to school continuity.

This was accomplished through the interest, industry, and cooperation of the multi-disciplinary team. School activities were planned, motivated, and guided by a group of teachers who taught not only multi-subject, but also multi-grade classes of students having varying interest and ability levels. Many students were enrolled who had academic problems that were deep seated and of long standing. Others were average and above in scholastic ability and achievement. For some students, the pregnancy seemed to be the culmination of a series of anti-school, anti-social behavior patterns. For others, this condition was a surprise to everyone -- peers, parents, and teachers.

When the Webster Project School opened, two teachers were assigned to the school with 54 students selected from 154 referrals. Soon, a third teacher was added to the faculty. In the second year, a home instruction teacher was added to teach students during the interim between the birth of their babies and their return to Webster school.

Our American philosophy of "education for all" can be seen at work in Webster. The school has operated on the premise that education is for exceptional children as well as for the normal. Education for students who wittingly or unwittingly have made the mistake of not conforming to socially acceptable standards of behavior. Being treated as individuals worthy of respect, receiving special attention from instructors, and being offered personal, social, educational, and vocational guidance have enabled these pregnant students to re-evaluate their opportunities for schooling with regards to its importance in re-shaping their roles in family and community life. Each girl's special needs in addition to those associated with pregnancy were given consideration by the Webster team.

When teachers were selected for the Girls School, as much consideration was given to the personal qualities of the applicants as to their training for and experience in teaching. All of the first group of teachers were mothers of pre-teens and teenagers. This was not a coincidental selection. It was thought that such persons could provide empathy for the youngsters and parents who sought help at Webster. Competence in handling more than one subject has necessarily been a major factor in teacher selection because of the nature of the educational program. The selectees have proved to be very sensitive to the needs of the students. Moreover, they have been enthusiastic, imaginative, and of a pioneer spirit which enabled them to accept the challenges presented by a program such as this.

The educational program offered each student four major subjects from the areas of English, the social sciences, mathematics, business education, home economics, and science. An additional course in Personal and Family Life was required of each student.

In order to meet the needs of a diverse and ever-shifting school population, the teachers, while adhering to the courses of study and curriculum guides in use in the District of Columbia Public Schools, found it necessary to shift schedules and maintain flexible daily and long-range plans. It is important to note that while teaching smaller than average classes, Webster teachers were also concerned with greater than average problems. Each instructor taught from seven to nine different classes during the school year. Special activities were planned to make the students' learning experiences more meaningful and more lasting. Students in English classes presented special reports, original poems, and skits in conjunction with their studies. Students of the social subjects planned for observance of special days with appropriate bulletin boards, exhibits, dioramas, and pantomines. The business and mathematics students arranged bulletin board displays and charts in order to exhibit some of their learnings. The students who studied foods cooked and served nutritious low-cost meals. They made charts and arranged displays to emphasize the do's and don'ts of good nutrition, meal planning and preparation, and the development of good eating habits. Maternity wear, post-maternity wear, and layettes were made in clothing classes. Several students who had not previously sewn a garment became enthusiastic once they had completed a single project. There were several, apparently successful, enriching experiences among the science students despite the absence of a laboratory. One ninth grader, fascinated by the beautiful rock collection which the teacher borrowed in connection with a unit on the earth's crust, collected and attempted to identify various rocks in the Washington area for her project. A tenth grade biology student cultivated four types of molds and presented her study of them with appropriate research and recordings.

Not only was each teacher responsible for six grades of academic studies, but also for instructing students of varying ability levels within a given class. Added to the complexity of this teaching-learning situation was the fact that these teachers dealt with students who had the double problem of pursuing school studies while being concerned with their pregnancy. In spite of the obvious difficulties entailed, the continued enthusiasm of the teachers for this special program was remarkable.

As each girl's delivery date approached, the classroom teachers outlined her school work to be covered during the six week post-delivery convalescent period. The Webster home instruction teacher visited her at home and provided her with a tutoring service which enabled her to progress in her major subjects and keep up with her group. Other members of the Webster team, ever interested in the needs of each girl, were informed by this teacher of services which might be needed as a result of the arrival of the baby. Thus the visiting instruction teacher, in addition to her teaching program, was alert to identify special needs and was able to communicate them to the other team members from whom help could be promptly obtained.

Academic ratings of the girls indicated that they did as well and better at Webster than prior to their coming to Webster. Sampling of information on their academic progress after returning to regular school indicated that most girls did satisfactory work at approximately the same rate as at Webster. (See Appendix C, Tables 8 & 9).

A most important period in the girl's educational experience was the transition to regular school. This was handled with the utmost of care. Each member had a role in assessing the girl's readiness for return to the community and in easing her readjustment. The psychologist administered a post-delivery attitude test; the teachers appraised the academic progress, and the social worker evaluated the family situation and plans for the baby. The Project Supervisor had a conference with each girl and personally arranged a transfer to a regular school accessible to her home, but not the school she formerly attended. School policy was put into practice to protect the confidentiality of information with all transfers being handled by the principal or assistant principal of the receiving school.

In preparing the students for return to regular school, the staff placed stress on various behavior patterns important to a good school adjustment such as regularity of attendance, good study habits, and relations with teachers and peers. The girls were encouraged to re-enter school without talking about their pregnancy with other students. Group discussions and role playing were conducted to prepare girls for any embarrassing contingencies which might result from tactless remarks of school staff personnel or other students. They were advised except in emergency to confine their baby care activities and doctors' visits to after school hours and non-school days.

With the maturing of the demonstration the transfer process improved. The readmission arrangements had presented some difficulties during the first project year -- due mainly to lack of knowledge about the Webster program, its purposes, its operation, and its values. As girls were accepted in schools, as publicity was given the project, as progress reports were made available to school personnel, the initial resistance to admitting "these girls" waned.

The Project served to keep the girls in school, continue their education during a period of stress instead of allowing them to become dropouts, and return them to regular school even though they were young mothers who had acquired an added responsibility. It is not suggested that Webster experience resulted in marked attitudinal changes on the part of the enrollees. Rather, it served to help teen-age mothers deal realistically with their problems while continuing their education. It was an effort to keep them moving in the mainstream with their peer group. The educational program has demonstrated that the girls can reasonably continue to maintain educational success during and following pregnancy.

PSYCHOLOGICAL SERVICES

A valuable asset of the Webster Girls School was its psychological services. The clinical psychologist administered batteries of various tests to the teenage pregnant girls. These tests were comprehensive and covered the whole range of complex mental conflicts and of behavioral characteristics. Information taken from the test results served a variety of important purposes. They supplied the pertinent personal information for the multi-disciplinary staff conference discussions necessary to understand the emotional problems of the girls. Further, these psychological analyses gave insight into the behavioral patterns of the girls.

Psychological studies of the girls screened out those with emotional immaturities. As a result, effective help could then be administered to them, and special clinical services could be recommended to correct their problems. Frequently, the psychological analysis ferreted out child-family conflicts. With this insight into certain emotional aspects of the girl-family problem, remedial aid was recommended for family adjustment by the multi-disciplinary team.

The services of a clinical psychologist were increased from half time to full time at the end of the first year. Not only has the testing program with readily accessible psychological interpretation been of great benefit to the staff, but the therapeutic value of the small group discussions between the girls and the clinical psychologist proved to be a valuable adjunct to the total program. The psychologist, with the available data, concentrated on helping the girls understand themselves, their attitudes, and their relationships to others, particularly in the area of social-sex attitudes. Girls who showed symtoms of emotional distress were given individual psychological analyses and were subjects of discussion in case conference sessions with the multi-disciplinary team.

At the time of registration the girls' parents or guardians signed individual statements granting permission for the psychologist to administer psychological and social-sex attitude tests. Usually within the first week after enrollment the girls participated in the testing program. The psychologist administered a variety of tests. Among these were the following: (See Appendix D, Items 1 and 2)

1) A Social Sex Attitude Inventory
2) A Sentence Completion Inventory for Pregnant Girls
3) A Draw-A-Person Test
4) The Kuhlman-Anderson Intelligence Test
5) Achievement Tests
6) Vocational Aptitude Tests

Shortly after enrollment, the social-sex attitude sample was administered to each girl. The purpose of the test was explained to the parent as part of the registration process. The attitude sample was readministered as a post-test during the week the student transferred back to regular school. The pre and post test concepts helped the psychologist determine areas in the education course which needed greatest development and helped to determine types of attitude changes made during the period the girls attended Webster School. The test battery developed by the psychologist contained over 150 statements arranged under the following headings: Dating, Marriage, Child Rearing, Sex Attitudes and Practices.

In lieu of identifying the tests by name, each girl selected a code number which she used to identify her psychological social-sex attitude tests. She was told that the information was confidential and would not appear on her permanent record and that it would be used as one measure of testing the strength of the rehabilitation program for her. Thus, it would help in better understanding her needs during her stay at Webster. The completed tests were screened and possible problems flagged. The information was informally passed on to staff members either verbally or by memorandum.

When the student's problems appeared severe either in relation to the school or home, an in-depth psychological study was begun in close cooperation with other staff members. Achievement tests were administered during the school year routinely or upon special request by teachers in basic subjects as reading, arithmetic, and social studies.

The intelligence tests disclosed a wide range of intellectual abilities among the Webster students. During the three year period of the project, 392 girls were tested. However, only 31 % were categorized as having below average I. Q.'s (89 and below). Six percent were categorized as superior intelligence (120 to 130), 12 percent were categorized as bright normal (110-119) and 50 percent were categorized as having average (90-109) intelligence. This finding is contrary to a persistent assumption that unmarried school-age mothers are generally girls who are dull or mentally retarded.

The social-sex attitude and projective tests revealed that the majority of girls showed marked characteristics of weak ego development and conflicts with their mothers or surrogate figures. Some resented the rigid parental discipline, and others lacked parental guidance and supervision when needed.

During the three years, a significant change in attitude development took place as reflected in the data collected from the pre and post social sex attitude tests. The tests further revealed that the majority of girls had an immature curiosity about sex. They saw the act as a means of gaining love and attention from male figures rather than a culmination of mutual love, attraction, and admiration. The girls felt that, through sex relations, the putative father would learn to love them. The average attitude test results over a three year period revealed that 74% of the total student body expressed socially acceptable attitudes by the time they were transferred to other schools as compared with 57% at the time of admission. Thus, they showed an average improvement of 17 percent in socially acceptable attitudes. (See Appendix C, Table 10).

Small group discussions were planned on the basis of an eighteen week series equal to one semester, which covered the main areas in the social- sex attitude inventory. They centered on the concerns of the unwed mother, in her school, home and community. (See Appendix D, Item 3). The techniques used to obtain maximum individual involvement and group interaction included role playing, presentation of case profiles, written statements of a problem, student leadership of discussion on social-sex attitude samples, films, charts, and other visual aids. The students submitted avaluations after each eighteen week series as an aid to future discussions. Coming to grips with problems and conflicts in a peer group setting appeared to be a dynamic force in attitude change among these adolescents. The group discussion aided the girls in facing realistically their day to day problems and building up their ego strength.

Comprehensive psychological studies were made of 96 girls representing the more difficult emotional problems for purposes of diagnosis and recommendations for staff action and referral for auxiliary service. Results of many of these studies were presented to the full staff at case conferences. It was found that girls studied in this manner during the first year fared better after they left Webster than students who did not receive the benefit of intensive team work.

There is ample evidence from the studies made of Webster girls to suggest that they were not promiscuous, that the common thread which ran through the personality structure of many, was one of emotional and maternal deprivation characterized by the absence of the warmth, understanding, and acceptance upon which healthy personalities thrive. Though the causes of pre-marital sex relations and unwed motherhood are multiple and varied, important among them seemed to be a need to act out certain unresolved problems of rebelliousness, hostility toward parental figures, and problems of feminine identity.

SOCIAL CASE WORK

Although the rehabilitation program was designed to include three social work positions, there has been only one full school year when there were three social workers on duty. Recruitment problems and resignations left the Webster Project with only one or two social workers at various periods.

The environment and backgrounds of the girls studied continued to be filled with diversity and contrasts. Some of the families were intact and financially secure; others showed evidence of disorganization and deprivation. To many families, the girl's pregnancy was a threat to their status, their goals and their objectives. To others, although the pregnancy was not a particularly welcome event, it was not interpreted as a crisis, but just another event to be accepted and lived through.

When one considered teenage unmarried mothers, usually with no resources of their own, the new role of being mothers while still adolescents and the adjustment to be made in respect to all areas of their lives, it could be seen that most of the girls needed social service. Skilled social workers enabled them to identify and discuss their problems and decide what to do about them. To these workers, girls could admit their inadequacies and their fears. The extent and intensity of the social services provided depended upon the needs of each girl and her family. The problems were as varied as the girls themselves. The ways in which the girls used help were just as varied.

Initially, the social workers focused on help so that the girls could face the many family problems which were likely to continue after the birth of the baby in order that they might deal more realistically with these problems. It was hoped that throughout the girls' experiences on the Project, the social workers could continue to work intensively with them. However, the increased case-loads made this plan impractical. By the third year, intensive casework with the girls was on a selective basis only. An initial study was made of each girl. (See Appendix E, Items 1 & 2). From this study, a determination was made as to which girls were to receive intensive casework, which ones could be referred to other community agencies, and those who would be handled on a "standby" basis.

For some of the girls not receiving intensive casework, a crisis situation reported by the girl, her parents, or members of the Webster staff indicated a need for intensive help which was then provided by the social work staff. When the need was indicated, other girls were referred for specialized services such as work scholarship, hospitalization child welfare, public assistance, vocational rehabilitation, or Juvenile Court.

In the limited attempt to give follow-up services to the girls, it was apparent that the return of the girls for one meeting shortly after leaving Webster School had meaning for them. (See Appendix E, Item 3). Nevertheless, subsequent attempts at further group involvment with former students were not successful. This seems to indicate a healthy separation from the Webster Program.

Only a minimum of casework service was provided for putative fathers and their parents but there was evidence that they wanted more help. One group meeting was arranged during the first year and the putative fathers stated that they and their parents needed the same type of help as was made available to the girls and their parents. Throughout the three year demonstration period of the Webster Girls Project, some putative fathers came to the school -- with or without appointments -- to talk with the social workers.

As members of the team, the social workers contributed their knowledge and diagnostic impressions of the girls and their families at the regularly scheduled team conferences.

HEALTH SERVICES

A close working relationship was developed between the Webster Girls School and the Gales Maternity Clinic. By arranging specific hours for the girls to be seen at the clinic, the waiting time was cut down, the hours of the classes missed to keep medical appointments were minimized, and the clinic staff was able to see the girls in a more relaxed atmosphere. The existence of the Project brought some of the girls to prenatal care earlier than they might otherwise have come. These were the girls who rather early in their pregnancy applied for admission to the Webster School, but were not receiving regular prenatal care. If the family had no plans for such care, they were then referred to the Maternity Clinic at the Gales Health Center.

The role of the obstetrical consultant was an important one as a member of the Webster staff. The doctor who came one day each week offered classes in anatomy and physiology so the girls might have some understanding of themselves and their pregnancy. In addition, visual aids for related subjects were a part of the medical services. Recommended reading lists included the following books:

(1) Nine Months to Get Ready and (2) Personal Care in Pregnancy.

The classroom discussions were valuable as attested by the physician. "This is good," she stated, "but even more important are the spontaneous discussions which we get. This is where the girls release their fears and anxieties. As the number of students increased, I found that I relied more heavily on visual aids, especially movies, than on informal discussions."

During the middle of the first school year of the Project, the Public Health Nursing Bureau graciously assigned a nurse on a half-time basis. She came each afternoon, was available for consultation with the girls, taught classes, and available to the staff for consultation. Her services were so valuable that she was assigned on a full-time basis at the beginning of the third year. Toward the middle of the third year the school department assigned a school nurse to the staff thus providing the school with the services of two full-time nurses.

General nursing supervision required screening of all students for vision or hearing loss. Other check-up services included examination of blood pressure, urine, and weight. The nurses were alert to any sign of irregularity which might indicate illness. They kept a record of the girl's prenatal appointments and assisted in implementing medical recommendations. The students were permitted to visit a local hospital in order to become familiar with the delivery room, the maternity ward, and the nursery. A major responsibility of the nurse was instruction in Infant Care and First Aid. This information proved to be very effective for the girls. (See Appendix F)

A common concern for the girls was that of diet and nutrition. The meal to be eaten at school, then, became a focus for remedying this problem. As no cafeteria facilities were provided at Webster, the students, whenever possible, brought lunch from home. A school nutritionist found time to work with the girls twice a week during the first year. She taught nutrition classes and arranged for the indigent girls to have a lunch of sandwiches and fruit sent in from another school. During the second and third years the Health Department sent a staff member of their Nutrition Services Division to make weekly visits to the school. The sandwich and fruit arrangement continued and milk was made available. In spite of many efforts, technical difficulties prevented the establishment of a regular school lunch program for the Webster girls. It is hoped that with the new phase of the school, food service will be provided for all Webster students.

The nutritionists joined with the home economics teacher in planning a variety of diet lessons. The main objectives of the nutrition program were to motivate students to select and prepare proper foods to meet the nutritional and health requirements for their infants and themselves.

EVALUATION

The Webster Girls School Project has demonstrated beyond doubt that pregnant girls want to participate in a public school program, and that most of the Project students appreciated the opportunity to receive special help. The school through the multi-disciplinary team provided for the educational, medical, social, and emotional needs of the school-age pregnant girls. Through the cooperation of the team members, by team sharing of information, and with diagnostic impressions about the girl and her family, it was possible to understand the pressures impinging on each girl. This included a consideration of the pertinent aspects of her life such as her health, her educational and vocational goals, and her social and emotional adjustment.

During the second school year it was necessary to give special attention to an evaluation of the project in view of the fact that it was still in midstream or half into its undertaking. This evaluation was required for budgetary purposes and to plan for possible continuation of the school after the termination of the Children's Bureau grant. In March, 1966, the research consultant submitted a report entitled "AN INTERIM EVALUATION OF THE EFFECTIVENESS OF THE WEBSTER GIRLS SCHOOL." 2/

The report pointed out among other facts that:

1. Public acceptance of the Webster Girls School has been demonstrated in that an unusually large number of the 1963 pregnancies was almost instantly referred to the project as soon as its availability became known.

2. Pimary dropout due to pregnancy can be almost entirely eliminated and permanent dropout due to need for caring for the baby greatly reduced.

3. The school academic record of the enrolled girls has been sustained and the average grade apparently improved.

4. The social workers found that the majority of girls did not express realistic concern about their pregnancy at the time of intake. By the end of the third trimester, however, having had the opportunity to think through the implications of the pregnancy most of them showed appropriate concern and used social work help in planning for care of their babies.

Experience during the first and early part of the second year with efforts at evaluating the various aspects of the Project indicated that the limited facilities provided for evaluation in the structure of the Project needed to be supplemented by a more formal evaluation Project.

The Bureau of Social Science Research, Inc. of Washington, D. C., in cooperation with the Project officials drew up details of a survey and research project. Their proposals were closely reviewed by the Advisory Committee and by staff consultants from the Children's Bureau. Questionnaires to be used in interviews were carefully reviewed by the Advisory Committee and approved. The completed survey is indicative of the kind of data needed for assessing the academic outcome of work with the girls in the maintenance of continuity of attendance, progress in class work following pregnancy, amelioration of patterns of infant care displayed by Project participants following pregnancy, and an evaluation of the Girls School program as a team Project involving the coordinated

2/ From an "Interim Evaluation of the Effectiveness of the Girls School," by Louis Bean - a document in the files of the public school system.

contributions of professionals from diverse fields.

Summaries excerpted from the survey report follow.........

(Bureau of Social Science Research Report, op. cit., pp. viii-xxiv)

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... .

Two basic evaluation criteria were selected for examination: the rate at which the girls returned to and continued with regular school following the baby's birth; and the frequency with which they bore additional children. The mode of evaluation used in the analysis was to compare the postdelivery experiences of the girls who went to Webster with those of a group of girls who were pregnant that year but did not attend the special school, and to ascribe differences between them to participation in the program. In addition, data were gathered on a variety of other factors which might also be expected to bear on the return to school and the production of more children, such as attitudes toward school, social networks and associations, knowledge and use of birth control techniques, and so forth.

The study design called for interviewing all the girls who attended Webster the first year and an equal number of girls of the same ages who were referred to the program but were not enrolled. Brief interviews were also conducted with an adult in the girl's home, when one was available (this was usually the girl's mother).

The mother's part of the interview covered such background characteristics as household composition, amount and sources of income, and occupations of workers in the family, as well as some attitudinal material (the interview schedule is appended to the report). The girls were asked about a wide range of topics, attitudinal, behavioral, and demographic, which are discussed in more detail below. Data were eventually collected from 109 Webster girls and 123 who were not able to participate in the program (the control group).

Although it was possible in this study to assess only the short-run effects of participation in the Webster program, the data indicate that attendance there did make a significant difference in whether a girl returned to and stayed in regular school. Attendance also made a significant difference in the likelihood that a girl would have become pregnant again in the time since the first baby was born. Thus, the data confirm the early impressions of the project staff that the program was "working." More detailed information on these and other points is presented below, and still more in the body of the report.

In the pages to follow, the findings are presented in generally chronological order, beginning with data on the girls' backgrounds and families, the process of getting to the Webster program, the experiences of those who went there, and what happened to them in the months following the baby's birth. Finally, the differences the Webster program made are explicitly examined.

To illustrate the findings, certain data were abstracted from the tables in the body of the report and are presented on the right-hand side of the page, separately for the Webster and control groups. It should be emphasized that what are summarized below are for the most part only some numbers from the tables. Very little of the reasoning behind the inclusion of the variables involved is presented here, nor is more than just a bit of discussion, speculation, and interpretation included. This fuller treatment of the data is, of course, available to the reader in the detailed report.

THE GIRLS: THEIR BACKGROUNDS AND CHARACTERISTICS

	Webster	Control
Half the girls were less than 16 years old when their babies were born; their ages ranged from less than 15 to over 18.		
Girl's age at baby's birth: 16 and under	76 %	73 %
More than half of each group were in junior high school the year they became pregnant, but the Webster girls were disproportionately concentrated in the 10th, 11th, and 12th grades.		
Grade of school at pregnancy: 10th, 11th, 12th	45	34
	($P < .01$)*	

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*This denotes a statistically significant difference, measured by the chi-square, and states that the probability of this difference occurring by chance variation of the data was less than one in 100.

	Webster	Control
This seeming discrepancy in the data is explained by the tendency of the non-Webster girls to be more often behind their "appropriate" grade level, as judged by their ages.		
Grade level: behind level indicated by age	32 %	55 %
	(P <.01)	
On the other hand, the non-Webster girls got better grades the year before they became pregnant than did the Webster group.		
Grade average: C or better	46	65
	(P <.01)	
Family Size and Composition		
Nearly three quarters of each group came from families with five or more members.	73	71
More than half of the families had two or more children under 12 years of age living with them.	56	61
The clear majority of the girls in each group were living in (at least part of) the family into which they had been born.	77	70
Among the 53 girls who were married at the time of the interview, the non-Webster girls were slightly more likely to have established a separate family with their husbands.		
Married: living separately with their husbands	40	55
The married Webster girls were more likely to be living together with their husbands in the home of the family of one of them.		
Among those living in their own family of origin, more than half lived in broken families.	52	53

Most of the broken families were headed by women.

Eight in ten girls had lived all their lives in Washington. Nearly as many of their mothers had lived here for 20 years or more.

Socioeconomic Status

	Webster	Control
According to several measures of socioeconomic status, the Webster families were in slightly better circumstances than the non-Webster families. They had a higher monthly family income.		
Family income: \$600 or more per month	20 %	8 %
The Webster families also had a higher per capita monthly income than did the families of the control group.		
Per capita income: \$80 or more per month	34	21
	($P < .05$)	
The jobs held by the main wage earner in the Webster families were more likely to be regular and full-time, rather than sporadic and/or part-time.		
Jobs: regular and full-time	98	83
	($P < .001$)	
The same proportion of families in each group had no income from earnings.	11	9
The mothers of the Webster girls were slightly more likely to be employed.	52	44
The same was true of the girls themselves.	17	11
Among the primary male wage earners, those of the Webster families held higher-prestige jobs than those of the non-Webster families.		
Job prestige: above over-all median (55)	49	22
	($P < .01$)	
This was also the case among the primary female earners.		
Job prestige: above over-all median (55)	48	24
	($P < .01$)	

To repeat in summary, the Webster families were consistently in a somewhat better socioeconomic position. These differences are statistically significant, but it should be noted at the same time that they are not numerically large, and that the families seem to belong to the same socioeconomic stratum (viewing the system as a whole), which might be termed "lower middle class."

Illegitimacy in the Environment

	Webster	Control
When they were asked whether, as far as they knew, their mothers were married at the time of the girl's birth, the Webster girls were less likely than the non-Webster girls to say that they were illegitimate.	7 %	18 %
	($P < .02$)	

Asked for information on friends and relatives who had borne illegitimate children, the girls described 365 such people, 80 per cent of whom were friends. The friends and relatives were not noticeably different from the girls in the age at which they had the baby, their marital status at the time of the interview, or their disposition of the baby.

The friends and relatives did differ from the girls in the study group in their experiences with the school system, however. The friends and relatives dropped out more often, although more of them graduated from high school (perhaps a function of their slightly greater age when the baby was born).

The difference is attributable to participation in the Webster program. The friends and relatives of the Webster girls dropped out of school following their pregnancy significantly more often ($P < .001$).

	Webster	Control
School status, Webster girls: dropouts	41	
School status, Webster friends and relatives: dropouts	63	

But the dropout rates were not significantly different for the girls in the control group and their friends and relatives ($P < .05$).

	Webster	Control
School status, control girls: dropouts		64
School status, control friends and relatives: dropouts		70

Moreover, it will be noted that the friends and relatives of the Webster girls are quite similar in this respect both to the non-Webster girls and to their friends and relatives. Thus, one effect of participation in the Webster program seems to have been to differentiate the girl from her peers in her relationship to the educational system.

The Baby's Father

Nearly all the girls had known the father of the baby for a year or more when they became pregnant. The Webster girls had known him slightly longer.

	Webster	Control
Had known the father for one year or more	92 %	83 %

Most of the couples met through mutual friends or at school.

Met through friends	40	34
Met at school	26	19

The baby's father was usually two or more years older than the girl. The Webster girls were slightly more likely to choose a boy within a year of their own age.

Father was within a year of girl's age	29	21

The majority of the fathers were school dropouts, although nearly four in ten had graduated from high school.

Father's school status: dropouts	53	60

In general, the fathers had had more formal education than had their girlfriends. This was the case to a greater extent among the non-Webster fathers than in the Webster group.

Father's education: greater than the girl's	46	66

$(P < .05)$

About a quarter of the girls in each group had gotten married by the time of the interview. The Webster girls were more likely to wait until after the baby was born to marry, while the non-Webster girls married more often before or during the pregnancy.

Married following the baby's birth	81	61

$(P < .05)$

	Webster	Control
When they married, the Webster girls were less likely to marry the baby's father.		
Husband was father of the baby	69 %	91 %
	$(P < .05)$	
Among those who were pregnant at the time of the interview, the Webster girls were the less likely to have been pregnant by the father of the first baby.		
Father of new baby was father of first baby	50	81
These last two findings suggest that one function of participation in the Webster program was that the girl was more likely to break off her relationship with the baby's father. This was confirmed by the answers to a question on how often the girl saw the baby's father, to which the Webster girls were slightly more likely to reply that they saw him no more than once a month, or never.		
Sees baby's father less than once a month or never	39	28

The Babies

The babies were just over 16 months old on the average when the girls were interviewed. Nearly all of the babies who were alive were living with the girl.	91	95
Several of the pregnancies ended in miscarriage or stillbirth.	8	6
This cannot be attributed to a lack of prenatal care, since fetal deaths did not vary with presence or absence, nor with length, of prenatal attention.		
While nearly every girl received prenatal care, the Webster girls were more likely to start it before their fourth month of pregnancy.	85	59
	$(P < .001)$	

Those girls whose babies were living with them were asked about their involvement in caring for and raising their children: the relative importance of child care compared to other ways of spending the time; who had the most to say about raising the baby; and actual babysitting responsibilities. On the value level, there was no difference between the two groups of girls.

	Webster		Control
Babysitting is more important than going to school	22 %		26 %
Babysitting is more important than going to work	37		33

Consistently more of the non-Webster girls had responsibility for child care during each of five periods of the day, including the hours when they might have been attending school.

Girl has responsibility for child care in the:			
morning	42	(P < .05)	57
afternoon	46	(P <.05)	60
evening	56	(P < .05)	71

And the Webster babies were more frequently cared for by someone other than the girl or her mother, leaving the girls even freer of this responsibility (sickness on the part of the mother would not be so disruptive, for example).

Child care by other than the girl or her mother in the:			
morning	40	(P < .05)	25
afternoon	40	(P <.01)	22

Whether or not a girl's mother worked made no difference in either group in the girl's babysitting responsibilities.

With respect to who "has the most to say about raising the baby," another (intermediate) value statement, again there were no differences between the groups.

	Webster	Control
The girl has most to say about child-raising	60 %	65 %

Thus, the girl's babysitting behavior seems to vary independently of her expressed values. For example, child care responsibilities are not associated with who has most to say about raising the baby ($P > .05$) in either group of girls.

THE PROCESS OF GETTING TO WEBSTER AND WHAT HAPPENED THERE

Only a small number of girls said in the interview that they did not know of the existence of the Webster program. These were, obviously, all non-Webster girls.

	Webster	Control
Ignorant of the existence of the program		8

Among those who had some knowledge of the project, a parent, the school system, and the mass media were relatively more important sources of information on the school for Webster girls. For the non-Webster girls, a friend, a medical institution, and a social worker were relatively more important.

The non-Webster girls gave a variety of reasons why they did not attend the school. About a fifth said that they never considered enrolling, because they were more than four months pregnant at the time, they had no interest in school, they had made no plans for themselves at that time, they opted for maternity home care and so forth.

Among those who considered going to Webster, the most frequent reason given for not doing so was that the school was overcrowded.

Perceptions of the School

Two-thirds of the non-Webster girls differentiated the Webster program in terms of the fact that all its students were pregnant. This exceptional circumstance aside, the great majority of girls described the program as one in which the students "study straight courses." Some knew that there was also special instruction in baby care.

When they were asked more specifically whether, as far as they knew, any pregnant girl could enroll in Webster, the most frequently-mentioned limitation on enrollment was the capacity of the program to accommodate the demand.

Whether or not she considered going to Webster, or actually did go, nearly every girl said that she thought a Webster-type program would be good for all school-age pregnant girls.

The Time at Webster

The Webster girls were enrolled in the program for a median of 18 weeks. All but 16 per cent stayed in school up until the time of delivery.

Among the reasons given for leaving Webster before the baby arrived, the one most often mentioned was illness and/or false labor.

When they were asked whether Webster seemed very different from regular school, about half said that it did not. The main ways in which Webster seemed different included (in descending frequency of mention) differences in the physical plant, the rules and regulations, and the general atmosphere and concern for the individual girl.

Nearly all the girls thought that they had done as well or better as students at Webster than they had before they became pregnant. This proved to be an overestimation on the part of many, at least as far as grades went.

	Webster	Control
Earned equal or better grade average at Webster	88 %	
Judged their relative grade averages accurately	36	

Among the various things the program participants learned at Webster, baby care was most often named as the single most useful thing, followed by academic subject matter and new perspectives on love and sexual behavior.

The girls were asked for their perceptions of the work of the special staff of the program. Among the wide variety of activities described for each of the specialists, the function(s) most frequently named were taken as the central component(s) of each of the roles as perceived.

The role of the social workers was centrally one of helping the girls with their personal problems. This was said to be a "very useful" function by a majority of the girls.

	Webster	Control
Social workers' work was very useful	76 %	

The psychologist had a dual role: giving tests; and talking to the girls and answering their questions. The test-giving function was understandably judged to be somewhat less useful than the counseling one.

The testing was very useful	40	
The counseling was very useful	65	

The nurse's job was perceived as that of teaching about baby care, which was rated very useful more than any other function. It will be remembered that, earlier, baby care was named as the single most useful thing learned in the program.

The baby care instruction was very useful	78	

Finally, the nutritionist's work was most often described as teaching the girls about maternity diets and nutrition in general.

The instruction on maternity diets was very useful	49	
The instruction on general nutrition was very useful	50	

THE EVALUATION: THE RETURN TO SCHOOL

There are distinct differences between the two groups in school status following the baby's birth. The Webster girls continued with regular school more, graduated more, and dropped out less than their non-Webster counterparts.

	Webster	Control	
Dropped out of school	41 %	64 %	$(P < .001)$

At every grade level, the non-Webster dropout rate was higher than that for Webster girls. The most vulnerable year for the Webster girls (i.e., the grade at which they were most likely to drop out) was the ninth grade; that for the non-Webster girls was the eighth grade. This reflects the approach to age 16 in each group (it will be remembered that the non-Webster girls were more likely to be behind their appropriate grade level).

Among the dropouts, the Webster girls were more likely to have returned to school following the baby's birth and then dropped out sometime later. The non-Webster girls typically dropped out at the time that their pregnancy was discovered and they were excused from school.

	Webster	Control	
Dropouts: returned to regular school and then dropped out	73	28	$(P < .001)$

In a search for alternative explanations for this distribution of the data, several additional variables were examined, including socioeconomic status, the girls' attitudes toward school, and their perceptions of the attitudes of their family and friends. It was found that although each of these factors contributed to some extent to the distribution of the data on the return to school, none was sufficiently influential to eliminate the factor of attendance at Webster entirely.

Although a girl's socioeconomic status had some independent association with her return to school, it was not a sufficiently strong association to account for the differentials in dropout rate between the groups.

Large proportions of each group agreed that high school graduation is "more important than just about anything else a girl can do."

In response to another question on educational values, upwards of three-quarters of the girls chose school over baby-sitting and over going to work. On neither measure of values did the two groups differ significantly.

	Webster	Control
School is more important than babysitting	76 %	74 %
School is more important than going to work	91	82

High values on education were inversely related to dropout rates. The larger the number of interpersonal and institutional supports for staying in school that were available to a girl, the less likely she was to drop out.

	Webster	Control
Those with maximum support: dropouts	24	44
Those with minimum support: dropouts	70 ($P < .01$)	77 ($P < .05$)

	Webster	Control
Among the girls who were attending regular school the full year after the baby was born (1964-1965), the majority maintained or raised their academic performance, as measured by grade averages. There is no difference between the Webster and control groups in this respect.	75	72

Among the few girls who went to work after the baby came, the Webster girls held jobs at higher skill levels.

THE EVALUATION: ADDITIONAL CHILDREN

The Webster girls were significantly less likely than the non-Webster girls to have borne another child by the time of the interview. Nor were they as likely to have been pregnant when they were interviewed.

	Webster	Control
Those with another child	9 %	22 %
Those who were pregnant	19	31

$(P < .001)$

The junior high school girls in both groups contributed a disproportionate number of the additional children, although the differentials were not statistically significant. However, while Webster attendance generally lowered the chances of having another child, this effect was more noticeable among the junior high school girls.

More children, over-all	28	53
More children, junior high	37	59
More children, senior high	22	40

Again, a search was made for alternative explanations for the distribution of the repeated pregnancies, utilizing variables of socioeconomic status, changes in life patterns since the baby's birth, family size and composition, and knowledge and use of birth control techniques.

Socioeconomic status was not significantly associated with the production of additional children, although, as with the return to school, the data suggested that this factor was not without influence.

Maintenance of or change in such life patterns as leisure time activities and personal associations, including association with the first baby's father, had no significant association with whether or not the girl had had another child or was pregnant.

Only among the Webster girls did it make a difference whether the family was broken or intact. Among them, the chance of having another baby was lowered if they lived in a family with both parents present. The size of the family made no difference in a girl's chances of a repeated pregnancy.

Nearly all of the girls knew of one or more techniques of birth control. Most of those with this knowledge gained it only after the birth of the baby which brought them into contact with the Webster program.

The most frequently-used form of birth control used by the girls in each group was "the pill" (although there was scattered evidence that it was not being used correctly). The non-Webster girls placed slightly greater reliance on the pill, the Webster girls on vaginal foam.

Since no data were collected on the frequency and manner of utilization of birth control techniques, it was not possible to examine thoroughly what appeared to be a lack of any systematic relationship between knowledge and use of birth control and repeated pregnancy patterns.

THE FUTURE

With respect to what they expected to be doing in the fall of 1965 (that is, shortly following the time of the interview), the Webster girls were more likely to be planning to go to school or to combine school and work. The non-Webster girls expected to be going to school to a lesser extent, and nearly a quarter of them were planning to stay home.

	Webster	Control
Planned to go to school (and, sometimes, also work)	84 %	54 %
Planned to work full-time	13	19
Planned to stay home	2	22

(P <.001)

	Webster	Control
Among those who planned to attend school, most expected to be attending regular public school (as opposed, for example, to a trade school).	82 %	81 %
The Webster girls were slightly more likely to plan to attend day school, the non-Webster girls to attend night school.		

SUMMARY AND CONCLUSION [4]

This has been a study of the characteristics, attitudes, and experiences of two groups of school-age girls who found themselves to be pregnant sometime during the 1963-1964 school year, and who came in contact with an experimental program in the public school system. One of the groups consisted of 109 girls who were enrolled that year in the Webster School program. The second is a group of 123 girls who were also referred to the program that year but, for various reasons, were not enrolled in it. The basic purpose of the study was to examine the extent of the Webster program's success, if any, in facilitating the girls' return to regular school following the birth of their children. Some attention has also been devoted in the analysis to a variety of other matters of relevance to the basic issue, such as the backgrounds from which the girls came, the social networks in which they were involved, and their experiences with repeated pregnancies.

The data seem to indicate rather clearly that participation in the Webster program does make a difference, at least in the short run. It did not eliminate school dropouts among the girls who went to Webster, nor did they stop altogether having more children. But their histories following the birth of the baby were noticeably different from those of the girls who did not enter the program.

(end of excerpts)

[4] Bureau of Social Science Research Report, op. cit. p. 102

SUMMARY

This is a report of a pioneer project--Webster Girls School--designed to provide education for school-age expectant mothers (most of whom were unwed), to encourage them to complete their education so as not to become school dropouts, and to encourage them from having repeated out-of-wedlock pregnancies. The Project entitled "A Multi-Disciplinary Approach to a School Centered Rehabilitation Program for Pregnant School-Age Girls" was financed by a grant from the Children's Bureau of the Department of Health, Education and Welfare and was the first of its kind in the country.

A professional team experienced in the areas of education, psychology, health, and social welfare comprised the most valuable feature of the school. They furnished the stimulation, encouragement, and direction which enabled the girls face their problems realistically and which facilitated their readjustment and return to family and community life.

Designed to demonstrate the value of a multi-disciplinary team technique in handling an agonizing social problem, the feasability of continuing the education of pregnant girls, the extent of participation of pregnant school girls in a public day school, the extent of community acceptance of such a program, and to establish a plan of operation which might be useful to other communities attempting to cope with the same problem, the Project has achieved its purposes. The school-centered, multi-disciplinary team approach provided a comprehensive rehabilitation program to pregnant girls through educational, health, psychological and social work services. It demonstrated that they can and will attend school regularly, apply themselves to academic studies, profit by special help of various kinds, and successfully return to regular school and continue with improved attitudes and behavior patterns. That the School has met with community acceptance is attested by the increased numbers of referrals from year to year.

Obviously, the Rehabilitation Program is young. However, the objective is that the full impact of the Program will decrease the rate of recidivism among the participants. It is hoped that Webster students will achieve sufficient educational and emotional progress to take proper care of their babies and themselves and to improve their level of living. Problems such as the role of putative fathers, the day care of the infants, the postnatal school adjustments, to name a few, are vital parts of the problem yet to be studied. Experiences with the Webster School Demonstration Project point out the need for pre-adolescent sex education for boys and girls as a means to prevent premature pregnancy among teen-age girls.

The Project, through its experiences in development and operation, has instituted a unique method of dealing with a community problem which is national in scope. The method, adjusted to local needs, could be applied as successfully elsewhere as in Washington, D. C.

RECOMMENDATIONS

As a result of three years' development and operation of a School-Centered Rehabilitation Program for Pregnant School-Age Girls certain ideas for improvement, continuation, and expansion of services to girls, their families, and the community have evolved. The following are recommended for serious consideration and future implementation:

1. Advisory Committee: This committee should continue to receive regular reports on the operation and progress of the school and to suggest improvements and/or policy changes as the need arises.

2. Construction Plans: Long range plans should be inaugurated for construction of a rehabilitation center which would include the school, a maternal and infant care clinic set up by the health department, and a child welfare office set up by the welfare department. This would facilitate the coordinated interagency services and render them more effective.

3. Day Care: The inability to obtain infant day care has resulted in dropout for some young mothers. If such a service were incorporated into the rehabilitation program, this reason to leave school could be eliminated.

4. Putative Fathers: Some putative fathers have expressed a need for group work and social services such as the Webster girls receive. We believe that such supportive help for them would effect desirable changes in attitudinal and behavioral patterns.

5. Sex Education: The complexity and enormity of today's social problems seem to indicate that whatever sex education youngsters are presently receiving is inadequate. Extension of appropriate and meaningful sex education to pre-adolescents could possibly forestall some of the problems which beset our youth and persist into adulthood for many.

6. Social Work: A sufficiently large, fully qualified social work staff should be maintained in order to provide intensive casework services to a girl and her family during her stay in Webster and after she leaves Webster whenever continued casework seems indicated. The social work staff of the Webster School should also be directly related to a supervisory and administrative social worker in a Division of School Social Work within the Department of Pupil Personnel Services.

7. Further Research: The foregoing research and demonstration have by no means answered all the questions concomitant with the problem of school age pregnancy. It is suggested that future studies might reveal:
    - (a) long range effects of Webster Girls School,
    - (b) other factors which weigh heavily in determining whether or not school-age girls become pregnant and
    - (c) social sex attitudes and practices of teen age boys.

Item 1

NOTICE OF RESEARCH OR DEMONSTRATION PROJECT

SCIENCE INFORMATION EXCHANGE

PROJECT NO. (Do not use this space)	
GDA	

NOT FOR PUBLICATION OR PUBLICATION REFERENCE

SUPPORTING AGENCY:

U. S. Department of Health, Education, and Welfare
Social Security Administration
Children's Bureau

TITLE OF PROJECT:

SCHOOL CENTERED REHABILITATION PROGRAM FOR PREGNANT SCHOOL-AGE GIRLS IN WASHINGTON, D. C.

Give names, departments, and official titles of PROJECT DIRECTOR and ALL OTHER PROFESSIONAL PERSONNEL engaged on project:

Mrs. Elizabeth M. Goodman, Director
Mrs. Fobola M. L. Gill, Supervisor

NAME AND ADDRESS OF AGENCY OR INSTITUTION:
D. C. Public Schools
13th and K Streets, N. W.
Washington 5, D. C.

SUMMARY OF PROPOSED WORK – (200 words or less. Omit confidential data.) – In the Science Information Exchange, summarie work in progress are exchanged with government and private agencies supporting research, and are forwarded to investigators who req such information. Your summary is to be used for these purposes.

This demonstration is planned as a joint endeavor of the District of Columbia Public Schools, and the District of Columbia Departments of Public Welfare and Public Health.

It is anticipated that this demonstration will show the value of cooperative interagency action in meeting the educational, social, physical and mental health needs of expectant mothers of school age and whether or not their behavior may be changed.

The total program will provide for continuity of education with regular curriculum, plus additional content in personal and family living, social customs, mores and basic needs of individuals. It will follow and supervise the girls' health needs, including prenatal, delivery and postnatal care. It will provide individual counseling for each girl and her parents. Thus, the program will give assistance in adjustment and will prevent educational, health and social handicaps. It will help each girl grow in understanding of self, or society, and of her self-concept as a future citizen.

The project will enroll about 125 students during the year, providing for approximately 60 at one time.

The case record of each girl will include complete school history, social history, medical and psychological data. Interpretation of these data and recommendations for implementing the program for each girl will be included in the record.

This project hopes to prove or disprove the validity of grouping pregnant girls in a school setting with a rehabilitation program provided by a multi-disciplinary team.

AGENCY or INSTITUTION: District of Columbia Public Schools in cooperation with District of Columbia Department of Public Health and Public Welfare

SIGNATURE OF PROJECT DIRECTOR:

INVESTIGATOR – DO NOT USE THIS SPACE

Appendix A Item 2

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
WELFARE ADMINISTRATION
Children's Bureau
Washington, D.C. 20201

CB-CWRD-1 (REV. 11/64)
FORM APPROVED THRU 2/28/69
BUDGET BUREAU NO. 122-R059.1

APPLICATION
Child Welfare Research or Demonstration Grant
(Title V, Part 3, Section 526 of the Social Security Act)

(Leave Blank)

PROJECT NUMBER

Mail Completed Application to:

Children's Bureau
Division of Research
Welfare Administration
U.S. Dept. of Health, Education, and Welfare
Washington, D.C. 20201

Application is hereby made to the Children's Bureau for a RESEARCH ( ) or DEMONSTRATION (XX) (check one) grant in the amount and for the dates indicated, and for the purpose described herein, in accordance with the Agreement signed below:

CIVIL RIGHTS ACT OF 1964 ASSURANCE: Form HEW-441 (Assurance of Compliance with the Department of Health, Education, and Welfare Regulation Under Title VI of the Civil Rights Act of 1964) applies to this application and is on file with a unit of the Department ☐ or is attached ☐. *(Check one)*

1. TITLE OF PROJECT: *(Do not exceed 53 typewriter spaces)*
* Multi-Disciplinary Approach to Problems of Pregnant School-Age Girls

2. TYPE OF APPLICATION: *(Check one)*
☒ Original ☐ Revision ☐ Continuation ☐ Supplemental Grant

3. PERIOD FOR WHICH GRANT IS REQUESTED: *(Month, Day, Year)*
FROM: June 1, 1963 TO: May 31, 1964

4. AMOUNT REQUESTED:
$70,500.00 + $30,000.00 to 11/30/63

5. ESTIMATE OF FUTURE REQUIREMENTS:
2d year $ 75,000.00 3d year $ 75,000.00 4th year $ 5th year $

6. APPLICANT (AGENCY OR INSTITUTION): *(Name, address, zip code, telephone, area code & extension) (Show grantee code number assigned by U.S. Public Health Service, if known)*

District of Columbia Public Schools - in
cooperation with District of Columbia
Departments of Public Health and Public
Welfare

7. PROJECT DIRECTOR: *(Name, title, address, telephone)*

Mrs. Elizabeth M. Goodman, Principal
Sharpe Health School
4300 - 13th Street, N. W.
Washington 11, D. C.

8. FINANCIAL OFFICER: *(Name, title, address, telephone)*

Mr. Bernell M. Smith
Supervisory Accountant
Franklin Administration Bldg.
Washington, D. C. 20005

9. OFFICIAL AUTHORIZED TO SIGN FOR AGENCY OR INSTITUTION: *(Name, title, address, telephone)*

Dr. Carl F. Hansen
Superintendent of Schools
Franklin Administration Bldg.

10. TYPE OF AGENCY OR INSTITUTION:
☒ Public ☐ Nonprofit

11. TAX EXEMPT:
☒ yes ☐ no

12. TAX EXEMPTION APPLIED FOR:
☐ yes ☐ no

13. DATE OF TAX EXEMPTION:
September 8, 1949

AGREEMENT: It is understood and agreed by the applicant that (1) Funds granted for this project will be used only for the conduct of the project as approved. (2) The grant may be terminated in whole, or in part, by the Chief of the Children's Bureau. Such termination shall not affect obligations incurred under the grant prior to the effective date of such termination. (3) All final reports of investigations, studies, etc., made as a result of this proposal will acknowledge the support provided by the Children's Bureau. (4) The applicant will request that the project be revised whenever the approved plan of operation, or method of financing, is materially changed. (5) The Children's Bureau reserves a royalty-free nonexclusive license to use and authorize others to use all copyrightable or copyrighted material resulting from a project. (6) All personal information concerning individuals served or studies under the project is confidential and such information may not be disclosed to unauthorized persons. (7) Reports will be made as required. Necessary records and accounts, including financial and property controls, will be maintained and made available to the Department of Health, Education, and Welfare for audit purposes. (8) Any invention developed in the course of the project supported by the grant shall be promptly and fully reported to the Children's Bureau, for determination by the Commissioner of Welfare of ownership and disposition of all rights, in accordance with 45 CFR Parts 6 and 8. The applicant and project director certify that they have no commitment or obligation, including those with respect to patents and inventions, inconsistent with compliance with Department of Health, Education, and Welfare policies and regulations.

DATE:
December 19, 1962

14. SIGNATURE OF AUTHORIZED OFFICIAL:
Superintendent
of Schools

Attach Budget and Project Narrative to this Application Face Sheet

* Revision 1/10/62 + See Budget Revised 5/8/63

Appendix A Item 2b

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
WELFARE ADMINISTRATION
Children's Bureau
Washington, D.C. 20201

CB-MCH&CCR-2 (Rev. 11/64)
FORM APPROVED THRU 2/28/69
BUDGET BUREAU NO. 122-R059.1

BUDGET REQUEST
Maternal and Child Health and Crippled Children's Services Research Grant

Revised May 8, 1963
(June 1 to Nov.)

Project Title

Agency or Institution

(Leave Blank)
PROJECT NUMBER

For the Period Beginning June 1, 1963 and Ending May 31, 1964

1. PERSONNEL (List all positions by title and name of proposed incumbent). (If less than 100% time of project director is budgeted, attach statement giving details and proportion of time spent on other commitments.)	Annual Salary Rate	% Time on this Project	Amount Requested MCH&CCR Funds (omit cents)	Amount Available from Other Sources of Applicant (Non-Federal)	(LEAVE BLANK) Approved MCH&CCR Grant
Professional:					
1 Class Supervisor, June 1 through Nov 30'63		100	$4,590		
3 Class 15 teachers, secondary, Sept 1 through Nov 30, 1963		100	5,909		
1 Class 12 Clinic psychologist June 1 through Nov 30, 1963		50	2,185		
Clerical and Other:					
2 Class 13 psychiatric social workers June 1 through Nov 30, 1963		100	7,875		
2 Clerk Stenographer, June 1 through Nov 30, 1963 GS-5		100	2,841		
FICA; Retirement, Insurance, etc.					
Consultants: (Type and rate per diem)					
1 Research Consultant, June 1 through Nov 30, 1963		Pt. Tm	3,000		
Total	▨	▨	26,400		
2. SUPPLIES (Itemize by major types)					
Office supplies-including paper, pencils, file folders, etc. from Classes 30,31 and 35 of the Standard Schedule of Supplies					
School supplies, paper, pencils, instructional materials			$2,000		
Workbooks			100		
Textbooks				$800	
Tape Recorders (2)			300		
Total					
TOTAL			$2,400	$800	
3. TRAVEL (Itemize by major purposes)					
Home school and clinic visits by staff personnel			100		
Transportation for students					
bus fare			800		
taxi fare			300		
Total			$1,200		
4. EQUIPMENT (Itemize)					
Charts, globes, typewriters, projectors				$1,500	
Furniture, file cabinets, tables, student desks, chairs, homemaking equipment				1,500	
Total				$3,000	
5. OTHER EXPENDITURES (Itemize)					
Telephone June 1 through Nov 30, 1963				75.00	
Space @ $200.00 a month June 1 through Nov 30				1200.00	
Paint and repair				1,000.00	
Total				$ 2,275.00	
6. Total Direct Costs			$ 30,000	6,075.00	
7. INDIRECT COSTS $____ Salaries and wages rate ____% x salaries and wages base (Exclude fringe benefits and consultation in calculation.) thru 11/30/63 Value of services of Supervisory Personnel from Cooperating Agencies				3,500.00	
8. TOTAL COSTS Through 11-30-63			30,000	9,575.00	

Appendix A   Item 3a

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
WELFARE ADMINISTRATION
Children's Bureau
Washington, D.C. 20201

CB-CWRD-1 (REV. 11/64)
FORM APPROVED THRU 2/28/69
BUDGET BUREAU NO. 122-R059.1

APPLICATION
Child Welfare Research or Demonstration Grant
(Title V, Part 3, Section 526 of the Social Security Act)

(Leave Blank)

PROJECT NUMBER

Mail Completed Application to:

Children's Bureau
Division of Research
Welfare Administration
U.S. Dept. of Health, Education, and Welfare
Washington, D.C. 20201

Application is hereby made to the Children's Bureau for a RESEARCH ( ) or DEMONSTRATION ( ) (check one) grant in the amount and for the dates indicated, and for the purpose described herein, in accordance with the Agreement signed below:

CIVIL RIGHTS ACT OF 1964 ASSURANCE: Form HEW-441 (Assurance of Compliance with the Department of Health, Education, and Welfare Regulation Under Title VI of the Civil Rights Act of 1964) applies to this application and is on file with a unit of the Department ☐ or is attached ☐. *(Check one)*

1. TITLE OF PROJECT: *(Do not exceed 53 typewriter spaces)*

School Centered Rehabilitation Program for Pregnant School-Age Girls in Washington, D. C.

2. TYPE OF APPLICATION: *(Check one)*

☐ Original ☐ Revision ☐ Continuation ☐ Supplemental Grant

3. PERIOD FOR WHICH GRANT IS REQUESTED: *(Month, Day, Year)*

FROM: Dec. 1, 1963 TO: May 31, 1964

4. AMOUNT REQUESTED:

$ 30,000.00

5. ESTIMATE OF FUTURE REQUIREMENTS:

2d year $ 75,000.00 3d year $ 75,000.00 4th year $____ 5th year $____

6. APPLICANT (AGENCY OR INSTITUTION): *(Name, address, zip code, telephone, area code & extension) (Show grantee code number assigned by U.S. Public Health Service, if known)*

District of Columbia Public Schools in cooperation with District of Columbia Departments of Public Health and Public Welfare

7. PROJECT DIRECTOR: *(Name, title, address, telephone)*

Mrs. Elizabeth M. Goodman, Principal
Sharpe Health School
4300 - 13th Street, N. W.
Washington, D. C. 20011

8. FINANCIAL OFFICER: *(Name, title, address, telephone)*

Mr. Bernell M. Smith
Supervisory Accountant
Franklin Administration Building
13th and K Streets, N. W.
Washington, D. C.

9. OFFICIAL AUTHORIZED TO SIGN FOR AGENCY OR INSTITUTION: *(Name, title, address, telephone)*

Dr. Carl F. Hansen
Superintendent of Schools
Franklin Administration Building
13th and K Streets, N. W.

10. TYPE OF AGENCY OR INSTITUTION:	11. TAX EXEMPT:	12. TAX EXEMPTION APPLIED FOR:	13. DATE OF TAX EXEMPTION:
☒ Public ☐ Nonprofit	☒ yes ☐ no	☐ yes ☐ no	Sept. 8, 1949

AGREEMENT: It is understood and agreed by the applicant that (1) Funds granted for this project will be used only for the conduct of the project as approved. (2) The grant may be terminated in whole, or in part, by the Chief of the Children's Bureau. Such termination shall not affect obligations incurred under the grant prior to the effective date of such termination. (3) All final reports of investigations, studies, etc., made as a result of this proposal will acknowledge the support provided by the Children's Bureau. (4) The applicant will request that the project be revised whenever the approved plan of operation, or method of financing, is materially changed. (5) The Children's Bureau reserves a royalty-free nonexclusive license to use and authorize others to use all copyrightable or copyrighted material resulting from a project. (6) All personal information concerning individuals served or studies under the project is confidential and such information may not be disclosed to unauthorized persons. (7) Reports will be made as required. Necessary records and accounts, including financial and property controls, will be maintained and made available to the Department of Health, Education, and Welfare for audit purposes. (8) Any invention developed in the course of the project supported by the grant shall be promptly and fully reported to the Children's Bureau, for determination by the Commissioner of Welfare of ownership and disposition of all rights, in accordance with 45 CFR Parts 6 and 8. The applicant and project director certify that they have no commitment or obligation, including those with respect to patents and inventions, inconsistent with compliance with Department of Health, Education, and Welfare policies and regulations.

DATE:

14. SIGNATURE OF AUTHORIZED OFFICIAL:

Attach Budget and Project Narrative to this Application Face Sheet

Appendix A Item 3b

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
WELFARE ADMINISTRATION
Children's Bureau
Washington, D.C. 20201

CB-CWRD-2 (Rev. 11/64)
FORM APPROVED THRU 2/28/69
BUDGET BUREAU NO. 122-R059.1

BUDGET REQUEST
Child Welfare Research or Demonstration Grant

Dec 1 - May 31
1964

Project Title ____

Agency or Institution ____

(Leave Blank)
PROJECT NUMBER ____

For the Period Beginning June 1, 1963 and Ending May 31, 1964

1. PERSONNEL (List all positions by title and name of proposed incumbent). (If less than 100% time of project director is budgeted, attach statement giving details and proportion of time spent on other commitments.)	Annual Salary Rate	% Time on this Project	Amount Requested CWRD Funds (omit cents)	Amount Available from Other Sources of Applicant (Non-Federal)	(LEAVE BLANK) Approved CWRD Grant
Professional:				Unspent Money	
1 Class 11 Supervisor		100	$ 2,677	$ 1,913	
3 Class 15 Teachers, Secondary		100	11,818		
1 Class 12 Clinical Psychologist		50	1,274	911	
3 Class 13 Psychiatric Social Workers		100	8,531	3,282	
1 GS-5 Clerk Stenographer		100	1,623	1,218	
Clerical and Other:					
1 Research Consultant		Pt. Tm.	2,500	500	
FICA; Retirement, Insurance, etc.					
Consultants: (Type and rate per diem)					
Total	▨	▨	28,423	7,824	
2. SUPPLIES (Itemize by major types)					
Office Supplies - for research material for IBM			400		
School Supplies			377		
Total			$ 777		
3. TRAVEL (Itemize by major purposes)					
Home, school and clinic visits by staff personnel			100		
Transportation for Students (taxicab fare)			700		
Total			$ 800		
4. EQUIPMENT (Itemize)					
Total					
5. OTHER EXPENDITURES (Itemize)					
Telephone				75	
Space @ $200 per month				1,200	
Total				1,275	
6. Total Direct Costs			30,000	9,099	
7. INDIRECT COSTS Salaries and wages rate ____% x salaries and wages base $____. (Exclude fringe benefits and consultation in calculation.)				3,500	
8. TOTAL COSTS			30,000	12,599	

Appendix A Item 4a

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
CHILDREN'S BUREAU
WASHINGTON 25, D. C.

CB-CWRD-1
NOVEMBER, 1961
BUDGET BUREAU NO. 72-R-627

APPLICATION

Child Welfare Research or Demonstration Grant
(Title V, Part 3, Section 526 of the Social Security Act)

1. Application is hereby made to the Children's Bureau for a RESEARCH ( ) or DEMONSTRATION ( ) (check one) grant in the amount and for the dates indicated, and for the purpose described herein, in accordance with the agreement signed below:

2. TITLE OF PROJECT: **School centered Rehabilitation Program for Pregnant School-Age Girls in Washington, D. C.**

3. TYPE OF APPLICATION: ☐ Original ☐ Revision ☒ Project Continuation
Project #D-130

4. PERIOD FOR WHICH GRANT IS REQUESTED: (Month, Day, Year)
FROM: June 1, 1964 TO: May 31, 1965

5. AMOUNT REQUESTED: $ 86,200.

5. ESTIMATE OF FUTURE REQUIREMENTS:
2d year $ ______ 3d year $ 86,200. 4th year $ ______ 5th year $ ______

7. NAME OF APPLICANT (AGENCY OR INSTITUTION):
District of Columbia Public Schools in cooperation with District of Columbia Department of Public Health and Public Welfare

8. PROJECT DIRECTOR:
Name: Mrs. Elisabeth M. Goodman
Title: Principal, Sharpe Health School
Address: 4300 13th Street, N. W.
Washington, D. C. 20011

9. FINANCIAL OFFICER:
Name: Mr. Bernell M. Smith
Title: Supervisory Accountant
Address: Franklin Administration Building
13th and K Streets, N.W., Wash., D.C.

10. OFFICIAL AUTHORIZED TO SIGN FOR AGENCY OR INSTITUTION:
Name: Dr. Carl F. Hansen
Title: Superintendent of Schools
Address: Franklin Administration Building
13th and K Streets, N.W., Wash., D.C.

1. TYPE OF AGENCY: ☒ Public ☐ Nonprofit

12. TAX EXEMPT: ☒ yes ☐ no

13. TAX EXEMPTION APPLIED FOR: ☐ yes ☐ no

14. DATE OF TAX EXEMPTION

15. AGREEMENT: It is understood and agreed to by the applicant that (1) Funds granted for this project will be used only for the conduct of the project as approved. (2) The grant may be terminated in whole, or in part, by the Chief of the Children's Bureau. Such termination shall not affect obligations incurred under the grant prior to the effective date of such termination. (3) All final reports of investigations, studies, etc., made as a result of this proposal will acknowledge the support provided by the Children's Bureau. (4) The applicant will request that the project be revised whenever the approved plan of operation, or method of financing, is materially changed. (5) The Children's Bureau reserves a royalty-free nonexclusive license to use and authorize others to use all copyrightable or copyrighted material resulting from a project. (6) All personal information concerning individuals served or studies under the project is confidential and such information may not be disclosed to unauthorized persons. (7) Reports will be made as required. Necessary records and accounts, including financial and property controls, will be maintained and made available to the Department of Health, Education, and Welfare for audit purposes.

______________________ (Date)

______________________ (Signature of Authorized Official)

Attach Budget and Project Plan to this face sheet

Appendix A Item 4b

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
WELFARE ADMINISTRATION
Children's Bureau
Washington, D.C. 20201

CB-CWRD-2 (Rev. 11/64)
FORM APPROVED THRU 2/28/69
BUDGET BUREAU NO. 122-R059.1

BUDGET REQUEST
Child Welfare Research or Demonstration Grant

Project Title ______

Agency or Institution ______

(Leave Blank)
PROJECT NUMBER ______

For the Period Beginning June 1, 1964 and Ending May 31, 1965

1. PERSONNEL (List all positions by title and name of proposed incumbent). (If less than 100% time of project director is budgeted, attach statement giving details and proportion of time spent on other commitments.)	Annual Salary Rate	% Time on this Project	Amount Requested CWRD Funds (omit cents)	Amount Available from Other Sources of Applicant (Non-Federal)	(LEAVE BLANK) Approved CWRD Grant
Professional:					
Class 11 Supervisor		100	$10,000		
Class 15 Teachers, secondary		100	26,000		
3 Secondary Summer School Teachers (6 weeks)			1,800		
3 Class 13 Psychiatric Social Workers		100	21,800	1,200	
Clinical Psychologist		100	8,200		
~~Clerical and Other~~:					
Clerk Stenographers, GS-5		100	9,400		
Research Consultant		Pt Tm	6,000		
FICA; Retirement, Insurance, etc.					
Consultants: (Type and rate per diem)					
Total	▨	▨	83,200	1,200	
2. SUPPLIES (Itemize by major types)					
School and Office Supplies including:			2,000		
Testing and Instructional Materials					
Text and Work Books					
Textbooks				500	
Total			2,000	500	
3. TRAVEL (Itemize by major purposes)					
Staff Personnel (3 Social Workers)			300		
Student Bus Fare			700	600	
Student Taxi Fare			-	200	
Total			1,000	800	
4. EQUIPMENT (Itemize)					
Charts, globes, typewriters, projectors, etc.				1,500	
Furniture, file cabinets, tables, students desks, chairs, homemaking equipment, etc.				1,500	
Total				3,000	
5. OTHER EXPENDITURES (Itemize)					
Telephone				150	
Space @ $200 per month				2,400	
Renovations				1,000	
Total				3,550	
6. Total Direct Costs			$86,200	9,050	
7. INDIRECT COSTS Salaries and wages rate ____% x salaries and wages base $________. (Exclude fringe benefits and consultation in calculation.) supv personnel from cooperating agencies				7,000	
8. TOTAL COSTS			$86,200	$16,050	

Appendix A   Item 5a

EPARTMENT OF HEALTH, EDUCATION, AND WELFARE
WELFARE ADMINISTRATION
CHILDREN'S BUREAU
ASHINGTON, D. C. 20201

CB-CWRD-1
NOVEMBER, 1961
BUDGET BUREAU NO. 72-R-627

APPLICATION

Child Welfare Research or Demonstration Grant
(Title V, Part 3, Section 526 of the Social Security Act)

Application is hereby made to the Children's Bureau for a RESEARCH ( ) or DEMONSTRATION ( ) (check one) grant in the amount and for the dates indicated, and for the purpose described herein, in accordance with the agreement signed below:

TITLE OF PROJECT: SCHOOL CENTERED REHABILITATION PROGRAM FOR PREGNANT SCHOOL-AGE GIRLS IN WASHINGTON, D. C.

TYPE OF APPLICATION: ☐ Original ☐ Revision ☑ Project Continuation

4. PERIOD FOR WHICH GRANT IS REQUESTED: (Month, Day, Year)
FROM: June 1, 1965 TO: May 31, 1966

5. AMOUNT REQUESTED:
$95,400.00

ESTIMATE OF FUTURE REQUIREMENTS:
2d year $ ________ 3d year $ ________ 4th year $ ________ 5th year $ ________

NAME OF APPLICANT (AGENCY OR INSTITUTION):
District of Columbia Public Schools in cooperation with District of Columbia Departments of Public Health and Public Welfare

8. PROJECT DIRECTOR:
Name Mrs. Elizabeth M. Goodman
Title Principal, Sharpe Health School
Address 4300 13th Street, N. W.
Washington, D. C. 20011

FINANCIAL OFFICER:
Name: Mr. Bernell M. Smith
Title: Supervisory Accountant
Franklin Administration Building
Address 13th & K Streets, N.W., Washington, D.C.

10. OFFICIAL AUTHORIZED TO SIGN FOR AGENCY OR INSTITUTION:
Name: Dr. Carl F. Hansen
Title: Superintendent of Schools
Franklin Administration Building
Address 13th & K Streets, N.W., Washington,

11. TYPE OF AGENCY:
x☐ Public ☐ Nonprofit

12. TAX EXEMPT:
x☐ yes ☐ no

13. TAX EXEMPTION APPLIED FOR:
☐ yes ☐ no

14. DATE OF TAX EXEMPTION

AGREEMENT: It is understood and agreed to by the applicant that (1) Funds granted for this project will be used only for the conduct of the project as approved. (2) The grant may be terminated in whole, or in part, by the Chief of the Children's Bureau. Such termination shall not affect obligations incurred under the grant prior to the effective date of such termination. (3) All final reports of investigations, studies, etc., made as a result of this proposal will acknowledge the support provided by the Children's Bureau. (4) The applicant will request that the project be revised whenever the approved plan of operation, or method of financing, is materially changed. (5) The Children's Bureau reserves a royalty-free nonexclusive license to use and authorize others to use all copyrightable or copyrighted material resulting from a project. (6) All personal information concerning individuals served or studies under the project is confidential and such information may not be disclosed to unauthorized persons. (7) Reports will be made as required. Necessary records and accounts, including financial and property controls, will be maintained and made available to the Department of Health, Education, and Welfare for audit purposes.

____
(Date)

____
(Signature of Authorized Official)

Attach Budget and Project Plan to this face sheet

Appendix A Item 5b

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
WELFARE ADMINISTRATION
Children's Bureau
Washington, D.C. 20201

CB-MCH&CCR-2 (Rev. 11/64)
FORM APPROVED THRU 2/28/69
BUDGET BUREAU NO. 122-R059.1

BUDGET REQUEST
Maternal and Child Health and Crippled Children's Services Research Grant

Project Title ____________________

Agency or Institution ____________________

For the Period Beginning June 1, 1965 and Ending May 31, 1966

(Leave Blank)
PROJECT NUMBER ____________

1. PERSONNEL (List all positions by title and name of proposed incumbent). (If less than 100% time of project director is budgeted, attach statement giving details and proportion of time spent on other commitments.)	Annual Salary Rate	% Time on this Project	Amount Requested MCH&CCR Funds (omit cents)	Amount Available from Other Sources of Applicant (Non-Federal)	(LEAVE BLANK) Approved MCH&CCR Grant
Professional:					
1 Class 11 Supervisor		100	$11,000		
4 Class 15 Teachers, secondary		100	27,000		
3 Class Psychiatric Social Workers		100	25,000		
1 Clinical Psychologist		100	9,000		
Clerical and Other:					
2 Clerk-Stenographers, GS-5		100	10,000		
FICA; Retirement, Insurance, etc.					
Consultants: (Type and rate per diem)					
1 Research Consultant		Pt. Tm.	6,000		
Pensions and Medical Insurance			4,200		
Total	▨	▨	92,200		
2. SUPPLIES (Itemize by major types)					
School and office supplies including:					
Textbooks and workbooks, testing and instructional materials			1,800	500	
Printing			400		
Total			2,200	500	
3. TRAVEL (Itemize by major purposes)					
Staff personnel(3 social workers and 1 home teacher)			400		
Student bus and taxi fare			600		
Total			1,000		
4. EQUIPMENT (Itemize)					
Charts, globes, typewriters, projectors, etc.				1,500	
Furniture, file cabinets, tables, student desks, chairs homemaking equipment, etc.				1,500	
Total				3,000	
5. OTHER EXPENDITURES (Itemize)					
Telephone				150	
Space @ $200 per month				2,400	
Renovations				1,000	
Total				3,550	
6. Total Direct Costs			95,400	7,050	
7. INDIRECT COSTS Salaries and wages rate ____% x salaries and wages base $________ (Exclude fringe benefits and consultation in calculation.) Supervision and services				12,000	
8. TOTAL COSTS			95,400	19,050	

Appendix A Item 6a

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
WELFARE ADMINISTRATION
Children's Bureau
Washington, D.C. 20201

CB-MCH&CCR-1 (REV. 11/64)
FORM APPROVED THRU 2/28/69
BUDGET BUREAU NO. 122-R059.1

(Leave Blank)
PROJECT NUMBER

APPLICATION
Maternal and Child Health and Crippled Children's Services Research Grant
(Title V, Part 4, Section 533 of the Social Security Act)

Mail Completed Application to:

Children's Bureau
Division of Research
Welfare Administration
U.S. Dept. of Health, Education, and Welfare
Washington, D.C. 20201

Application is hereby made to the Children's Bureau for a research grant in the amount and for the dates indicated, and for the purpose described herein, in accordance with the Agreement signed below:

CIVIL RIGHTS ACT OF 1964 ASSURANCE: Form HEW-441 (Assurance of Compliance with the Department of Health, Education, and Welfare Regulation Under Title VI of the Civil Rights Act of 1964) applies to this application and is on file with a unit of the Department ☐ or is attached ☐. *(Check one)*

1. TITLE OF PROJECT: *(Do not exceed 53 typewriter spaces)*
School Centered Rehabilitation Program For Pregnant School-Age Girls in Washington, DC

2. TYPE OF APPLICATION: *(Check one)*
☐ Original ☐ Revision ☒ Continuation ☒ Supplemental Grant
Project # D-130

3. PERIOD FOR WHICH GRANT IS REQUESTED: *(Month, Day, Year)*
FROM: June 1, 1965 TO: May 31, 1966

4. AMOUNT REQUESTED:
$ 19,000

5. ESTIMATE OF FUTURE REQUIREMENTS:
2d year $ ______ 3d year $ ______ 4th year $ ______ 5th year $ ______

6. APPLICANT (AGENCY OR INSTITUTION): *(Name, address, zip code, telephone, area code & extension) (Show grantee code number assigned by U.S. Public Health Service, if known)*

District of Columbia Public Schools in cooperation with District of Columbia Departments of Public Health and Public Welfare

7. PROJECT DIRECTOR: *(Name, title, address, telephone)*

Mrs. Elizabeth M. Goodman
Principal, Sharpe Health School
4300 13th Street, NW
Washington, DC 20011

8. FINANCIAL OFFICER: *(Name, title, address, telephone)*

Mr. Bernell M. Smith
Supervisory Accountant
Franklin Administration Building
13th and K Streets, NW
Washington, DC 20005

9. OFFICIAL AUTHORIZED TO SIGN FOR AGENCY OR INSTITUTION: *(Name, title, address, telephone)*

Dr. Carl F. Hansen
Superintendent of Schools
Franklin Administration Building
13th and K Streets, NW
Washington, DC 20005

10. TYPE OF AGENCY OR INSTITUTION: ☒ Public ☐ Nonprofit

11. TAX EXEMPT: ☒ yes ☐ no

12. TAX EXEMPTION APPLIED FOR: ☐ yes ☐ no

13. DATE OF TAX EXEMPTION:

AGREEMENT: It is understood and agreed by the applicant that (1) Funds granted for this project will be used only for the conduct of the project as approved. (2) The grant may be terminated in whole, or in part, by the Chief of the Children's Bureau. Such termination shall not affect obligations incurred under the grant prior to the effective date of such termination. (3) All final reports of investigations, studies, etc., made as a result of this proposal will acknowledge the support provided by the Children's Bureau. (4) The applicant will request that the project be revised whenever the approved plan of operation, or method of financing, is materially changed. (5) The Children's Bureau reserves a royalty-free nonexclusive license to use and authorize others to use all copyrightable or copyrighted material resulting from a project. (6) All personal information concerning individuals served or studies under the project is confidential and such information may not be disclosed to unauthorized persons. (7) Reports will be made as required. Necessary records and accounts, including financial and property controls, will be maintained and made available to the Department of Health, Education, and Welfare for audit purposes. (8) Any invention developed in the course of the project supported by the grant shall be promptly and fully reported to the Children's Bureau, for determination by the Commissioner of Welfare of ownership and disposition of all rights, in accordance with 45 CFR Parts 6 and 8. The applicant and project director certify that they have no commitment or obligation, including those with respect to patents and inventions, inconsistent with compliance with Department of Health, Education, and Welfare policies and regulations.

DATE:

14. SIGNATURE OF AUTHORIZED OFFICIAL:

Attach Budget and Project Narrative to this Application Face Sheet

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
ELFARE ADMINISTRATION
CHILDREN'S BUREAU
WASHINGTON, D. C. 20201

Appendix A Item 6b

CB-CWRD-2
NOVEMBER, 1961
BUDGET BUREAU NO. 72-R-627

BUDGET
Child Welfare Research or Demonstration Grant

For the Period Beginning June 1, 1965 and Ending May 31, 1966

	Percent Time on Project	Amount Requested CWRD Funds	Amount Available from Other Sources
1. PERSONNEL (List all positions by title and name of proposed incumbent)			
Subtotal			
2. SUPPLIES (Itemize by major types)			
Subtotal			
3. TRAVEL (Itemize by major purposes)			
Subtotal			
4. EQUIPMENT (Itemize)			
Subtotal			
5. OTHER EXPENDITURES (Itemize)			
Contract with Bureau of Social Science Research, Inc., as per attached report		$19,000	
Subtotal		$19,000	
Total Direct Costs			
Indirect Costs (This charge may not exceed 15% of direct costs)			
TOTAL COSTS		$19,000	

Appendix A **Item 7a**

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
WELFARE ADMINISTRATION
Children's Bureau
Washington, D.C. 20201

CB-MCH&CCR-1 (REV. 11-64)
FORM APPROVED THRU 2-28-69
BUDGET BUREAU NO. 122-R059.1

APPLICATION
Maternal and Child Health and Crippled Children's Services Research Grant
(Title V, Part 4, Section 533 of the Social Security Act)

(Leave Blank)
PROJECT NUMBER

Mail Completed Application to:

Children's Bureau
Division of Research
Welfare Administration
U.S. Dept. of Health, Education, and Welfare
Washington, D.C. 20201

Application is hereby made to the Children's Bureau for a research grant in the amount and for the dates indicated, and for the purpose described herein, in accordance with the Agreement signed below:

CIVIL RIGHTS ACT OF 1964 ASSURANCE: Form HEW-441 (Assurance of Compliance with the Department of Health, Education, and Welfare Regulation Under Title VI of the Civil Rights Act of 1964) applies to this application and is on file with a unit of the Department ☐ or is attached ☐. *(Check one)*

1. TITLE OF PROJECT: *(Do not exceed 53 typewriter spaces)*
School Centered Rehabilitation Program For Pregnant School-Age Girls in Washington, DC

2. TYPE OF APPLICATION: *(Check one)*
Project # D-130
☐ Original ☐ Revision ☒ Continuation ☒ Supplemental Grant

3. PERIOD FOR WHICH GRANT IS REQUESTED: *(Month, Day, Year)*
FROM: TO: May 31, 1965

4. AMOUNT REQUESTED:
$ 13,500

5. ESTIMATE OF FUTURE REQUIREMENTS:
2d year $ ______ 3d year $ ______ 4th year $ ______ 5th year $ ______

6. APPLICANT (AGENCY OR INSTITUTION): *(Name, address, zip code, telephone, area code & extension) (Show grantee code number assigned by U.S. Public Health Service, if known)*
District of Columbia Public Schools in cooperation with District of Columbia Departments of Public Health and Public Welfare

7. PROJECT DIRECTOR: *(Name, title, address, telephone)*
Mrs. Elizabeth M. Goodman
Principal, Sharpe Health School
4300 13th Street, NW
Washington, DC 20011

8. FINANCIAL OFFICER: *(Name, title, address, telephone)*
Mr. Bernell M. Smith
Supervisory Accountant
Franklin Administration Building
13th & K Streets, NW
Washington, DC 20005

9. OFFICIAL AUTHORIZED TO SIGN FOR AGENCY OR INSTITUTION: *(Name, title, address, telephone)*
Dr. Carl F. Hansen
Superintendent of Schools
Franklin Administration Building
13th & K Streets, NW
Washington, DC 20005

10. TYPE OF AGENCY OR INSTITUTION: ☒ Public ☐ Nonprofit

11. TAX EXEMPT: ☒ yes ☐ no

12. TAX EXEMPTION APPLIED FOR: ☐ yes ☐ no

13. DATE OF TAX EXEMPTION:

AGREEMENT: It is understood and agreed by the applicant that (1) Funds granted for this project will be used only for the conduct of the project as approved. (2) The grant may be terminated in whole, or in part, by the Chief of the Children's Bureau. Such termination shall not affect obligations incurred under the grant prior to the effective date of such termination. (3) All final reports of investigations, studies, etc., made as a result of this proposal will acknowledge the support provided by the Children's Bureau. (4) The applicant will request that the project be revised whenever the approved plan of operation, or method of financing, is materially changed. (5) The Children's Bureau reserves a royalty-free nonexclusive license to use and authorize others to use all copyrightable or copyrighted material resulting from a project. (6) All personal information concerning individuals served or studies under the project is confidential and such information may not be disclosed to unauthorized persons. (7) Reports will be made as required. Necessary records and accounts, including financial and property controls, will be maintained and made available to the Department of Health, Education, and Welfare for audit purposes. (8) Any invention developed in the course of the project supported by the grant shall be promptly and fully reported to the Children's Bureau, for determination by the Commissioner of Welfare of ownership and disposition of all rights, in accordance with 45 CFR Parts 6 and 8. The applicant and project director certify that they have no commitment or obligation, including those with respect to patents and inventions, inconsistent with compliance with Department of Health, Education, and Welfare policies and regulations.

DATE:

14. SIGNATURE OF AUTHORIZED OFFICIAL:

Attach Budget and Project Narrative to this Application Face Sheet

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
WELFARE ADMINISTRATION
CHILDREN'S BUREAU
WASHINGTON, D. C. 20201

Appendix A Item 7b

CB-CWRD-2
NOVEMBER, 1961
BUDGET BUREAU NO. 72-R-627

BUDGET
Child Welfare Research or Demonstration Grant

For the Period Beginning ______ and Ending May 31, 1965

	Percent Time on Project	Amount Requested CWRD Funds	Amount Available from Other Sources
1. PERSONNEL (List all positions by title and name of proposed incumbent)			
Additional expenses for the grant year caused by increase in pay passed by Congress and additional benefits as follows:			
Pension and medical increases		$1,000	
Pay raise increase		3,000	
Subtotal		$4,000	
2. SUPPLIES (Itemize by major types)			
Subtotal			
3. TRAVEL (Itemize by major purposes)			
Subtotal			
4. EQUIPMENT (Itemize)			
Subtotal			
5. OTHER EXPENDITURES (Itemize)			
Contract with Bureau of Social Science Research, Inc., as per attached report		$9,500	
Subtotal		$9,500	
Total Direct Costs			
Indirect Costs (This charge may not exceed 15% of direct costs)			
TOTAL COSTS		$13,500	

Appendix B Item 1

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
WELFARE ADMINISTRATION
Children's Bureau
Washington, D.C. 20201

Form CB-CWRD-5/MCH&CC-5 (Rev. 11/64)
Form Approved Thru 5/31/68
Budget Bureau No. 122-R037.1
Page 1 of 3

EXPENDITURE REPORT

☒ CHILD WELFARE RESEARCH OR DEMONSTRATION GRANT
☐ MATERNAL AND CHILD HEALTH AND CRIPPLED CHILDREN'S SERVICES RESEARCH GRANT
(CHECK ONE)

Project Title School Centered Rehabilitation Program for Pregnant School-Age Girls in Washington, DC

Project Number D-130

Institution District of Columbia Public Schools

Address 13th and K Streets, NW
Washington, DC 20005

Telephone ST. 3-6111 Area Code 202

For Period Beginning June (Month) (Day) 1963 (Year) and ending May (Month) (Day) 1964 (Year)

TYPE OF REPORT:
☐ Preliminary
☒ Final

Statement of Receipts and Expenditures of Federal Special Project Funds

A. Available Funds		$	
1. Amount transferred from prior grant period		-0-	
2. Adjustments (Include Interest; Fees; amounts relating to prior year's obligations; etc.)		-0-	
3. Payments Received (during reporting period)		$60,000.00	
4. Total Funds Available (lines 1-3 inclusive)			$60,000.00
B. Direct Costs (sum of expenditures plus encumbrances)			
1. Special Equipment (Sec. I.)			
a. Items Costing $500 or more		-0-	
b. Items Costing less than $500	$ 41.32		
2. Personnel Services (Sec. II.)	47,991.64		
3. Supplies, Travel, Other Expenditures (Sec. III.)	3,354.26		
4. Total of lines B-lb, B-2, and B-3		51,387.22	
C. Indirect Costs (See Instructions) (Rate ______%)		-0-	
D. Total Costs (Items B-1a, B-4 and C)			51,387.22
E. Unencumbered Balance (at close of reporting period)			8,612.78

I, ______________________ (Name), ______________________ (Title) hereby certify that this report is true and that the expenditures and encumbrances have been made solely for the purpose set forth in the application for the grant.

______________________ (Signature)

______________________ (Date)

Appendix B Item 2

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
WELFARE ADMINISTRATION
Children's Bureau
Washington, D.C. 20201

Form CB-CWRD-5/MCH&CC-5 (Rev. 11/64)
Form Approved Thru 5/31/68
Budget Bureau No. 122-R037.1
Page 1 of 3

EXPENDITURE REPORT

☒ CHILD WELFARE RESEARCH OR DEMONSTRATION GRANT
☐ MATERNAL AND CHILD HEALTH AND CRIPPLED CHILDREN'S SERVICES RESEARCH GRANT
(CHECK ONE)

Project Title School Centered Rehabilitation Program For Pregnant School-Age Girls in Washington, DC

Project Number D-130(C1) And D-130(C1S1)

Institution District of Columbia Public Schools

Address 13th and K Streets, NW
Washington, DC 20005

Telephone ST. 3-6111 Area Code 202

For Period Beginning 6 (Month) 1 (Day) 64 (Year) and ending 5 (Month) 31 (Day) 65 (Year)

TYPE OF REPORT:
☐ Preliminary
☒ Final

Statement of Receipts and Expenditures of Federal Special Project Funds

A. Available Funds		$	
1. Amount transferred from prior grant period		5,000.00	
2. Adjustments (Include Interest; Fees; amounts relating to prior year's obligations; etc.)		-0-	
3. Payments Received (during reporting period)	D-130 (C1) D-130 (C1S1)	86,200.00 13,500.00	
4. Total Funds Available (lines 1-3 inclusive)			$104,700.00
B. Direct Costs (sum of expenditures plus encumbrances)			
1. Special Equipment (Sec. I.)			
a. Items Costing $500 or more		-0-	
b. Items Costing less than $500	-0-		
2. Personnel Services (Sec. II.)	89,495.77		
3. Supplies, Travel, Other Expenditures (Sec. III.)	6,467.24		
4. Total of lines B-lb, B-2, and B-3		95,963.01	
C. Indirect Costs (See Instructions) (Rate ______%)		-0-	
D. Total Costs (Items B-1a, B-4 and C)			95,963.01
E. Unencumbered Balance (at close of reporting period)			8,736.99

I, ______________________ (Name), ______________________ (Title) hereby certify that this report is true and that the expenditures and encumbrances have been made solely for the purpose set forth in the application for the grant.

______________________ (Signature)

______________________ (Date)

Appendix B Item 3

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
WELFARE ADMINISTRATION
Children's Bureau
Washington, D.C. 20201

Form CB-CWRD-5 MCH&CC-5 (Rev. 11/64)
Form Approved Thru 5/31/68
Budget Bureau No. 122-R037.1
Page 1 of 3

EXPENDITURE REPORT

☒ CHILD WELFARE RESEARCH OR DEMONSTRATION GRANT
☐ MATERNAL AND CHILD HEALTH AND CRIPPLED CHILDREN'S SERVICES RESEARCH GRANT
(CHECK ONE)

Project Title School Centered Rehabilitation Program For Pregnant School-Age Girls in Washington, DC

Project Number D-130(C2) And D-130 (C1S1)

Institution District of Columbia Public Schools

Address 13th and K Streets, NW
Washington, DC 20005

Telephone ST. 3-6111 Area Code 202

For Period Beginning 6 (Month) 1 (Day) 65 (Year) and ending 5 (Month) 31 (Day) 66 (Year)

TYPE OF REPORT:
☐ Preliminary
☒ Final

Statement of Receipts and Expenditures of Federal Special Project Funds

A. Available Funds			
1. Amount transferred from prior grant period		$ 8,736.99	
2. Adjustments (Include Interest; Fees; amounts relating to prior year's obligations; etc.)		143.84	
3. Payments Received (during reporting period)		114,400.00	
4. Total Funds Available (lines 1-3 inclusive)			$123,280.83
B. Direct Costs (sum of expenditures plus encumbrances)			
1. Special Equipment (Sec. I.)			
a. Items Costing $500 or more		-0-	
b. Items Costing less than $500	-0-		
2. Personnel Services (Sec. II.)	$82,310.53		
3. Supplies, Travel, Other Expenditures (Sec. III.)	27,341.06		
4. Total of lines B-lb, B-2, and B-3		109,651.59	
C. Indirect Costs (See Instructions) (Rate _____%)		-0-	
D. Total Costs (Items B-1a, B-4 and C)			109,651.59
E. Unencumbered Balance (at close of reporting period)			13,629.24

I, ________________ (Name), ________________ (Title) hereby certify that this report is true and that the expenditures and encumbrances have been made solely for the purpose set forth in the application for the grant.

________________ (Signature)

________________ (Date)

Appendix C **Table #1**

RESIDENT ILLEGITIMATE LIVE BIRTHS, MOTHERS UNDER AGE 18
DISTRICT OF COLUMBIA 1958 - 1964

	1958	1959	1960	1961	1962	1963	1964
Total White and Non-White	769	807	826	882	904	1,043	1,226
Under 15	84	103	82	98	98	118	128
15	149	138	162	174	184	203	222
16	244	262	239	267	292	384	429
17	292	304	343	343	330	338	447
Total White	41	32	25	34	33	35	56
Under 15	6	4	1	2	5	4	6
15	10	5	6	6	5	6	7
16	14	13	6	10	13	11	16
17	11	10	12	16	10	14	27
Total Non-White	728	775	801	848	871	1,008	1,170
Under 15	78	99	81	96	93	114	122
15	139	133	156	168	179	197	215
16	230	249	233	257	279	373	413
17	281	284	331	327	320	324	420

D. C. Department of Public Health
Biostatistics D. V.
May 31, 1966

Appendix C Table 2

NUMBER OF PREGNANT GIRLS REFERRED TO AND ENROLLED IN WEBSTER
NUMBER OF ENROLLEES RETURNED TO SCHOOL AFTER DELIVERIES
AND
NUMBER GRADUATED FROM HIGH SCHOOL

Year	Total Referred	Referred but Not Enrolled	Enrolled	Returned to School	Initial Drop-Out	Graduated from High School
1963-64	541	399	142	93	16	9
1964-65	753	589	164	124	40	10
1965-66	865	641	224	149	34	14
TOTALS	2,159	1,629	530	366	90	33

Appendix C Table 3

Table 3 Referrals and Enrollment by Source

Source	Referrals				Enrolled				Not Enrolled			
	1963-64	1964-65	1965-66	T	1963-64	1964-65	1965-66	T	1963-64	1964-65	1965-66	T
Gales	174	247	249	670	38	53	71	162	136	194	178	508
Self	83	109	136	328	20	18	23	61	63	91	113	267
Guardian	139	194	216	549	50	39	65	154	89	155	151	395
School	90	128	139	357	26	44	45	115	64	84	94	242
Others	55	75	125	255	8	10	20	38	47	65	105	217
Total	541	753	865	2159	142	164	224	530	399	589	641	1629

Appendix C Table 4

Table 4. Referrals and Enrollment by Grades

Grade	Referrals				Enrolled				Not Enrolled			
	1963-64	1964-65	1965-66	T	1963-64	1964-65	1965-66	T	1963-64	1964-65	1965-66	T
5th		1	2	3	0	0	0	0	0	1	2	3
6th	14	6	6	26	1	0	0	1	13	6	6	25
7th	46	61	72	179	10	8	21	39	36	53	51	140
8th	98	117	107	322	28	18	34	80	70	99	73	242
9th	135	160	177	472	36	45	63	144	99	115	114	328
10th	92	152	195	439	23	38	45	106	69	114	150	333
11th	78	148	166	392	18	33	30	81	60	115	136	311
12th	69	99	134	302	26	22	31	79	43	77	103	223
Unknown	9	9	6	24					9	9	6	24
Total	541	753	865	2159	142	164	224	530	399	589	641	1629

Table 5 Referrals and Enrollment by Age

AGE	REFERRALS				ENROLLED				NOT ENROLLED			
	1963-64	1964-65	1965-66	T	1963-64	1964-65	1965-66	T	1963-64	1964-65	1965-66	T
Under 13	5	6	2	13	1	0	0	1	4	6	2	12
13	21	17	24	62	8	6	8	22	13	11	16	40
14	62	116	102	280	22	35	48	105	40	81	54	175
15	142	212	253	607	45	54	75	174	97	158	178	433
16	131	201	240	572	37	43	49	129	94	158	191	443
17	104	137	174	415	22	21	35	78	82	116	139	337
18	27	51	57	135	4	4	8	16	23	47	49	119
Over 18	16	13	13	42	3	1	1	5	13	12	12	37
Unknown	33	0	0	33	0	0	0	0	33	0	0	33
Total	541	753	865	2159	142	164	224	530	399	589	641	1629

Appendix C Table 6

Table 6 Referrals and Enrollment by Months

Month	Referrals				Enrolled				Not Enrolled			
	1963-64	1964-65	1965-66	T	1963-64	1964-65	1965-66	T	1963-64	1964-65	1965-66	T
July	6	41	37	84	0	18	12	30	6	23	25	54
August	0	65	85	150	0	16	22	38	0	49	63	112
September	166	103	133	402	61	16	20	97	105	87	113	305
October	76	64	74	214	10	12	7	29	66	52	67	185
November	38	71	70	179	11	15	12	38	27	56	58	141
December	35	36	59	130	7	11	13	31	28	25	46	99
January	53	112	85	250	18	29	27	74	35	83	58	176
February	70	64	89	223	13	10	38	61	57	54	51	162
March	29	83	65	177	9	16	25	50	20	67	40	127
April	32	42	88	162	10	11	37	58	22	31	51	104
May	16	31	48	95	1	3	9	13	15	28	39	82
June	20	41	32	93	2	7	2	11	18	34	30	82
Total	541	753	865	2159	142	164	224	530	399	589	641	1629

NUMBER OF PREGNANT GIRLS UNDER 16 REFERRED TO GIRLS SCHOOL
NUMBER OF LIVE BIRTHS UNDER 16 DURING A SIMILAR PERIOD *

AGE	REFERRED TO GIRLS' SCHOOL 1964-1965	LIVE BIRTHS ** OUT OF WEDLOCK 1964
under 13	6	4
13	17	28
14	116	96
15	212	222
Total 15 and under	351	350

* Reported by the Bureau of Vital Statistics

** School Year - July 1, 1964 to June 30, 1965
Calendar Year - January 1, 1964 to December 31, 1964

SCHOLASTIC RECORD*
FROM A SMALL SAMPLE OF 24 GIRLS
ENROLLED IN WEBSTER SCHOOL, 1963-1964

CASES	PRE-WEBSTER		POST-WEBSTER	CHANGE (Pre-Post)
1	1.5	1.5	3.6	+
2	2.0	2.0	2.3	+
3	2.2	1.0	1.0	0
4	1.5	1.7	2.6	+
5		1.0	3.3	+
6	1.0	1.5	1.2	-
7	2.2	2.0	1.6	-
8	3.2	3.0	2.0	-
9	1.5	1.2	1.0	-
10	2.2	1.6	3.5	+
11	2.2	1.2	.7	-
12		1.2	1.2	0
13		2.0	1.2	-
14	1.3	1.3	1.0	-
15		1.0	1.5	+
16	2.6	1.3	1.3	0
17	2.2	2.0	1.0	-
18	2.2	2.0	1.7	-
19		1.3	2.0	+
20	2.0	2.7	1.5	-
21	2.0	2.0	2.6	+
22		1.7	1.5	-
23	1.5	1.2	2.0	+
24	1.7	2.5	3.0	+

CHANGE FROM PRE TO POST

Number of Increases	10
Number of Decreases	11
No Change	3
	24

NUMBER OF CASES WITH	PRE	POST	
Two Units or Less	21	17	- 4
Over Two Units	3	7	- 4
	24	24	

---

*The numbers are weighted averages; weights of 4, 3, 2, 1, for grades A, B, C, D, respectively.

Appendix C   Table 9

SCHOLASTIC RECORD*
FROM A SMALL SAMPLE OF 29 GIRLS
ENROLLED IN WEBSTER SCHOOL - 1965-66

Cases	Pre-Webster	Post-Webster	Change (Pre-Post)
1	1.2	1.75	+
2	2.0	1.325	-
3	3.5	3.0	-
4	2.8	1.0	-
5	1.0	1.6	+
6	1.4	1.0	-
7	1.67	2.2	+
8	2.20	2.25	+
9	.14	.75	+
10	2.2	2.5	+
11	2.6	2.4	-
12	1.25	1.4	+
13	.60	1.0	+
14	2.0	2.4	+
15	1.0	.8	-
16	2.0	2.0	0
17	.7	1.4	+
18	1.6	1.2	-
19	1.2	.4	-
20	2.2	2.4	+
21	2.2	1.2	-
22	2.7	3.5	+
23	2.0	2.4	+
24	3.3	3.0	-
25	1.0	2.1	+
26	2.2	.8	-
27	1.0	3.2	+
28	3.2	3.0	-
29	1.83	1.33	-

CHANGE FROM PRE TO POST

Number of Increases	15
Number of Decreases	13
No Change	1
	29

NUMBER OF CASES WITH

	Pre	Post
Two Units or Less	18	15
Over Two Units	11	14
	29	29

---

*The numbers are weighted averages; weights of 4, 3, 2, 1, for grades A, B, C, D, respectively.

Appendix C   Table 10

Percentage of Girls With Socially Acceptable Attitudes Before And After Attending Discussion Groups With Psychologist Over A Three Year Period

	Pre-Test			Post-Test			Change		
	1963-64	1964-65	1965-66	1963-64	1964-65	1965-66	1963-64	1964-65	1965-66
Dating	22%	52%	55%	40%	73%	70%	+18	+ 2	+15
Marriage	85%	88%	77%	93%	98%	90%	+ 8	+ 8	+12
Child Rearing	34%	55%	49%	51%	84%	73%	+17	+29	+24
Social Sex Attitudes	42%	69%	55%	64%	80%	71%	+22	+11	+16

Appendix D Item 1

SOCIAL SEX ATTITUDE INVENTORY

Sample statements which are contained in the social sex inventory administered to project students. "A" for agree, "D" for disagree and "U" for uncertain.

DATING

1.____________ Joining a group with boys and girls in it is a good way to learn how to act with the opposite sex.

2.____________ "Going steady" with a boy is the same thing as being engaged.

3.____________ If you are going steady with a person it is alright to pet.

MARRIAGE

1.____________ It is best to finish your education before you get married.

2.____________ Both husband and wife should agree on how the family budget is made, even when the husband is the sole worker.

3.____________ You are ready for marriage when you can stand on your own feet and live your own life comfortably without being dependent upon your parents.

CHILD REARING

1.____________ Patience and understanding should be shown to children when they misbehave.

2.____________ The child's basic security is all wrapped up in the way parents feel about the child.

3.____________ Disciplining a child is a sign that parents care for the child.

SEX ATTITUDES AND PRACTICES

1.____________ It is alright to have sexual relations before marriage if you are in love.

2.____________ Sex is necessary, but it is a dirty thing which should not be talked about.

3.____________ The child born out of marriage does not need a father to grow up properly.

4.____________ It is alright for an unmarried girl to become pregnant and have a baby if she loves it and takes care of it.

SENTENCE COMPLETION INVENTORY FOR ADOLESCENT GIRLS

Complete these sentences to express your real feelings. Try to do every one. Be sure to make a complete sentence.

1. What annoys me
2. My mother and I
3. My greatest fear
4. Marriage
5. On a date I like
6. My father and I
7. Making love
8. The happiest time
9. I am best when

GROUP DISCUSSIONS WITH THE CLINICAL PSYCHOLOGIST

Sessions:

I. Emotional Development in Childhood
II. Meaning of Adolescence - Emotional
III. Meaning of Love-Infancy to Maturity
IV. Building Towards Emotional Maturity

V. Social Preparation for Adolescence
VI. Dating Practices and Social Education
VII. Adjustment of Pregnant School Girl and Unwed Mother to School, Family and Social Group

VIII. Prior to Adolescence
IX. Adolescent Sex Practices from Junior through Senior High School
X. Social-Sex Attitudes of the Unwed Mother During Pregnancy and after Child-Birth
XI. Affectionate Needs
Discipline Practices - Reward and Punishment

XII. Relationship of Putative Father to the Baby - Financial, Social and Emotional Role
Relationship of Putative Father to the Unwed Mother
XIII. Role as a Student, Relation with Peer Group, Conflicts in Community Attitudes and How to Meet Them

XIV. The Law as Guardian of Marriage, Qualifications for Marriage, Juvenile Court Procedures for Support and Establishing Paternity
XV. Financial Needs - Budgeting
XVI. Personality and Social Factors in Choosing a Mate
XVII. Communication in Parent-Child Relations

XVIII. Continued Education-Advantages in Support for Girls and Baby

Appendix E Item 1

SOCIAL SERVICE FACE SHEET

CASE____________________
DATE____________________
CLINIC OR M.D.____________________

NAME______________________________ BIRTHDATE______________
Last First M.

W N O	S M W D SEP	Birthplace	Religion	School	Grade	EDC

ADDRESS______________________________ TELEPHONE____________

PREFERRED BY______________________________
PUTATIVE FATHER'S NAME______________________________ AGE______
ADDRESS______________________________ TELEPHONE____________

FAMILY AND HOUSEHOLD

Name	Rel. to Girl	B.D.	Yr. in D.C.	Relig.	Sch. Gr Complet

OTHERS IN HOUSEHOLD

____

____

____

OTHER RELATIVES OR INTERESTED INDIVIDUALS

Name	Address	Telephone	Relat.

OTHER AGENCIES TO WHICH GIRLS, FAMILY KNOWN

Name	Worker's Name	Date of Contact	Remarks

FAMILY INCOME

Employed Name	Occupation	Place of Employment	Wage	Other Incom

MAJOR FAMILY EXPENSES

Rent____________________ Food____________________
Utilities____________________ Debts____________________

DISPOSITION:

SCHEDULE **Appendix E** **Item 2**

NAME:______________________ CODE:____________ BIRTHDATE:______________

	At (a) Intake	At (b) Delivery	After (c) Delivery
A. Girl's Attitude Toward Her Pregnancy			
1. No apparent concern			
2. Upset			
3. Realistically concerned			
B. Parents Attitude Toward Her Pregnancy			
1. Mother(or mother substitute)			
a. Understanding			
b. Resigned			
c. Negative			
d. Passive			
e. Upset			
f. Unknown (specify)			
2. Father(or father substitute)			
a. Understanding			
b. Resigned			
c. Negative			
d. Passive			
e Upset			
f. Unknown(specify)			
C. Plans for Care of Baby			
1. No Plans			
2. Plans			
a. Girl's mother			
b. Other relatives			
c. Putative father's family			
d. Paid person			
e. Agency placement			
f. Other (specify)			
D. Attitude Toward School			
1. Desire to finish high school			
2. Passive Interest			
3. No Interest			
4. Unable to assess			
5. Other (Specify			
E. Mother-Daughter Relationship			
1. Good, Supportive			
2. Weak, breaks down under stress			
3. Antagnostic, hostile			
4. Unable to assess			
5. Not applicable			
6. Other(Specify)			

Caseworker:______________________ Date:______________

NAME: ________ ____ ______________ CODE: ______________ BIRTHDATE__________

F. Girl-(Baby's) Putative Father Relationship	At (a) Intake	At (b) Delivery	After (c) Delivery
1. Culminated in marriage			
2. Good, supportive, interested but no marriage planned			
3. PF indifferent, girl interested			
4. PF interested, girl indifferent			
5. Antagnostic, hostile			
6. Unable to assess			
7. Other (specify)			

****

G. Factors Contributing to Social Breakdown

1. Family Factors
   - a. Girl was illegitimate
   - b. Other illegitimate history
     - girl's mother
     - girl's siblings
     - siblings have illegitimate children
   - c. Continuing marital discord in home
   - d. Reared by mother alone
   - e. Reared by others(specify)
   - f. Lack of adult supervision in home
   - g. Poor housing (congested and other wise inadequate
   - h. cultural deprivation
   - i. Other (specify)

2. Factors Outside Home
   - a. No recreational facilities
   - b. Unsupervised recreational facilities
   - c. Mores of peer group in community and school
     e.g. - friends have intercourse - friends have illegitimate babies
   - d. Unsatisfying school experiences
   - e. Very limited peer relationships
   - f. Other (specify)

H. Referral to Community Agency?

1. Child Welfare Division
2. Public Assistance Division
3. Family & Child Services
4. Mental Hygiene Clinic
5. Juvenile Court
6. Neighborhood Center
7. Other (Specify

Caseworker: ______________________ Date: ______________________

Appendix E Item 3

FOLLOW-UP
QUESTIONNAIRE

NAME: ______________________ DATE ______________________

ADDRESS: ______________________ TELEPHONE NO: ______________________

With whom are you living (Check One)

Parent ☐ Husband ☐ Relative ☐ Friends ☐ Alone ☐

Are You:

1. In School ☐ What School ______________________
2. Not in School ☐ Why Not ______________________

____

3. Working ☐ Yes ☐ No What kind of work ______________________

____

4. Married ☐ Yes ☐ No ______________________

Who is caring for your baby:	Part Time	Full Time
1. You	☐	☐
2. Your mother	☐	☐
3. Other relatives	☐	☐
4. Friends or neighbors	☐	☐
5. Nursery (Specify)	☐	☐

Are you taking your baby to a Well Baby Clinic? ☐ Yes ☐ No

Name or Address of the Clinic ______________________

In what ways did the special school help you most? ______________________

____

____

Do you have any suggestions that may help us with the girls who are now attending the special school? ______________________

____

Other comments ______________________

____

If you wish to talk with a social worker on the project call Na 8-6000 X3031 Monday thru Friday 9:A.M. to 4:00 P.M. for an appointment.

Appendix F

Bureau of Nursing D. C. Department of Public Health

SCHOOL CENTERED REHABILITATION PROGRAM

1. IDENTIFYING DATA

Name______________________________Birthdate____________

Address________________________C.T.___Telephone_________

Date of Adm.

Previous School______________Grade_____to S.C.R.P._____

Father____________________Address_________Telephone___

Mother______________Address__________Telephone_______

Family Registration for Public Health Nursing Service Date_____ Nursing Office________

11. PAST MEDICAL HISTORY(INCLUDE DATES MORE SIGNIFICANT)

Immunizations______________________________________

Infection, Diseases, Illnesses(List)________________________

____

Operations____

Handicaps____

111. HISTORY RELATIVE TO PRESENT CONDITION

E.D.C.__________ Source of A.P. Care__________________

Address of Clinic/Physician____________ Telephone______

Hospital at which patient expects to deliver____________

____________________S.W.____________________

(School Centered Rehabilitation Program)

IV. ANTEPARTAL HEALTH SUPERVISION

LMP Age EDC

Trimester	Date of Visit	Date of Next App.	Remarks (include significant findings requiring public health nursing supervision)

Enter Date of Initial A.P. Visit ____________________

Enter Date of Tour to D.C.G. Hospital ____________________

V. SCREENING DATA

Date of Screening									
		R.	L.	R.	L.	R.	L.	R.	L.
Vision Without gl.									
Blood Pressure									
Weight									
Height									
Urinalysis									
Hgb									

Appendix F Item 2

IX. DISCHARGE SUMMARY

MOTHER

DATE

Delivery............__________

Postpartal Exam.....__________

Postpartal Exam.....__________

Return to School....__________

Transfer to Regular School

Yes ☐ No ☐

Medical Complications________

____

____

School Dropout

INFANT

Sex______________________B.W.____

Source of Health Supervision________________________

____

Kept by Mother ☐

Not Kept by Mother ☐

(If not kept by mother check one)

Child under care of:

☐ Agency for adoption

____

☐ Board of Public Welfare

☐ Relatives

☐ Friends - Non-relatives

Memo - Enter information received from field or clinic relative to follow-up of baby after child's mother is transferred from the project school to regular school or graduates.

LMP/ea (2-1-65 - Rev.)

Appendix G Item 1

BIRTH RECORD

	1963-1964	1964-1965	1965-1966
Number of Live Births	102	151	90
Caesarian Sections	1	0	2
Premature Births	6	9	7
Deaths (Neonatal)	1	3	1
Deaths (Infant)	1	0	0
Stillborn	5	1	0
Unknown	26		(123 undelivered as of 6/30/66)
TOTAL	142	164	224

EXCERPTS FROM STUDENTS EVALUATIONS OF WEBSTER

I chose to come to Webster because it had to offer the same subjects of a regular high school. Also it makes a girl feel better when she is with others that are becoming young mothers. In Webster you also receive help in raising your child and taking care of yourself. Not like other schools, Webster teachers go out of their way to help and understand you and your problems.

****

Attending Webster has boosted my morale, given me confidence to walk with my head high and best of all, given me an opportunity to graduate and enter a college in the fall. I plan to attend Strayer Junior College and take the two year course in Business Administration for the present.

****

The days here at Webster have told me many things about myself and my future life. Sex and other family affairs are discussed openly and frankly. Each student in each group discussion has learned how to handle many of the future problems that may occur later on in life within the family. Each girl at Webster was or is now pregnant while going to a public school, and since they are pregnant or were, each I am sure has one good problem or other to straighten out before they head in the wrong direction and have more problems. These girls are given confidence in themselves so they may be a little surer of what the future may bring.

****

Webster School is a very unique place. It has saved hundreds of school girls who have become pregnant from losing time or completely dropping out of school, and has given teenage girls who might otherwise be afraid and broken-spirited a new confidence and a faith in the future.

****

The school means a great deal to me, not only because it enabled me to continue my education but also because through the efforts of the faculty, I gained a better and much more mature outlook on life. One of the most important reasons for the school's success is due to the friendly atmosphere and close family union between the students and the faculty. Here the girls are helped to adjust to their problems and are made to realize that the fact they are going to have children does not lessen their chances to succeed in their future endeavors.